



Metered Energy Life Support Application Form

Account holder details

Note: This application must be completed by the electricity account holder.

> Account Number	NMI Number
<input type="text"/>	<input type="text"/>

these details can be found on your bill or contact the team at Metered Energy and we can provide it to you.

Surname

First name

Account premises address

Address

City / Suburb

Post Code

Telephone

Date of Birth

Terms & conditions

- I hereby apply for membership of the Metered Energy Life Support Program and confirm that the information provided in this application is true and accurate.
- I confirm that I fulfil the eligibility criteria for the Life Support Program, as explained in the Metered Energy Life Support Program brochure attached.
- I consent to Metered Energy contacting the energy distributor to advise of my application.
- I acknowledge that Metered Energy may refuse my application if I do not meet the eligibility criteria and will contact me from time to time to confirm my continuing eligibility.

Signature (Account Holder or Authorised Representative)

Date

If the Authorised Representative has signed this form, please provide Authorised Representative name:

Authorised Representative

Surname

First name

Person who requires the life support equipment details (please print)

Person who requires the life support equipment as detailed on the Medical condition confirmation form:

Surname

First name

If you wish to register multiple persons who require life support equipment, who reside at the same premises, please contact us on 1300 633 637 to request further application forms.

Person who requires contact during an unplanned interruption (please print)

Where possible, during an unplanned interruption, we will contact the nominated person with an estimate of when the power to the premises will come back on. Please nominate the contact person:

Surname

First name

Telephone (mobile or landline that does not require power)

Is this person

- The account holder
- The person who requires the life support equipment, or
- Another contact person e.g. relative.

Privacy Notice - Metered Energy is collecting personal information, including health information, on this form for the purpose of assessing an application for membership of the Metered Energy Network Life Support Program delivered by Shell Energy Retail Pty Ltd. Please be aware that Shell Energy Retail Pty Ltd collects and processes your personal data received from your embedded network manager (Metered Energy), including any sensitive data in relation to this form only for the purposes of facilitating your registration for life support. Without this information, you are only temporarily registered for life support and failing to provide this information may result in deregistration and the loss of life support protections under energy laws. We will handle your personal data in accordance with our Privacy Policy which can be found at <https://shellenergy.com.au/privacy/>. If you have any queries about our Privacy Policy, the way we handle your personal data or if your circumstances have changed, please contact us privacy@shellenergy.com.au.

By completing this form you accept that Metered Energy, Shell Energy Retail Pty Ltd and Energex will share the relevant information about you and your supply address for the purposes of updating their records and registers. You also agree to inform Metered Energy and Energex if the person for whom the Life Support Equipment is required vacates the supply address or no longer requires the Life Support Equipment. You also acknowledge that registering as a life support address does not guarantee supply and in particular your supply will still be subject to outages due to storms, accidents or other circumstances beyond Energex's and Metered Energy's control.



Medical condition confirmation

A medical practitioner must complete and sign this form.

Medical Practitioner details:

Surname

First name

Address

City / Suburb

Post Code

Qualification(s)

(Official Stamp may be used)

Telephone

I certify that

(name of person who requires the life support equipment)

has a medical condition and requires life support equipment that requires continuous access to an electricity supply.

Signature (Medical Practitioner)

Medical registration number (AHPRA)

Date

The required life support equipments is: (PLEASE SELECT)

- An oxygen concentrator
- An intermittent peritoneal dialysis machine
- A kidney dialysis machine
- A chronic positive airways pressure respirator
- Crigler najjar syndrome phototherapy equipment
- A ventilator for life support

Other equipment required for life support: