

Priority Services customer registration form

Thanks for your interest in our Priority Services, for customers with special requirements. You – or someone acting on your behalf – can register with us and tell us about any requirements you may have.

Please sign and return this form to **Freepost ECOTRICITY**. We'll need to tell your local electricity/gas distribution company and our meter reading agent about your requirements, as they need this information for access and maintenance work. All the information you provide will be treated as confidential.

If you need any help completing this form – or would like to talk to us about it – please call us on **0345 555 7 100**, or if you'd prefer to call a landline, you can contact us on **01453 761 482** or email **home@ecotricity.co.uk**.

Priority Services on offer

- freephone priority service careline - so your call can be answered quicker
- textphone communications with our customer services staff
- password scheme – so you can be sure of representatives when they visit your home
- bills in alternative formats, including Braille, large print and talking bills
- possibility of moving your meter to an accessible location
- priority for reconnection
- notification when your area network company are scheduling planned work
- for eligible customers we offer a free gas safety check.

Are you eligible?

Please tick any of the following that apply to you or anyone in your household:

- | | |
|---|---|
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Unable to answer door due to restricted movement |
| <input type="checkbox"/> Pensionable age | <input type="checkbox"/> Dementia(s) |
| <input type="checkbox"/> Blind or partially sighted | <input type="checkbox"/> MDE electric showering |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Careline/telecare system |
| <input type="checkbox"/> Have children under the age of five living in the property | <input type="checkbox"/> Medicine refrigeration |
| <input type="checkbox"/> Temporary illness | <input type="checkbox"/> Oxygen use |
| <input type="checkbox"/> Speech impediment | <input type="checkbox"/> Poor sense of smell |
| <input type="checkbox"/> Unable to speak English | <input type="checkbox"/> Restricted hand movement |
| <input type="checkbox"/> Nebuliser and apnoea monitor | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Heart, lung and ventilator | <input type="checkbox"/> Additional presence preferred |
| <input type="checkbox"/> Dialysis, feeding pump and automated medication | <input type="checkbox"/> Temporary - life changes |
| <input type="checkbox"/> Oxygen concentrator | <input type="checkbox"/> Temporary - post hospital recovery |
| <input type="checkbox"/> Stair lift, hoist, electric bed | <input type="checkbox"/> Temporary - householders are all under 18 |
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Developmental condition | |

Your personal details

Full name:

Telephone number:

Postcode:

Email address:

Account number:
(if known)

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Preferred contact method:

Phone

Email

Letter

Please tick if there are any members of your household of a pensionable age including yourself

Please tick if there are any children under the age of five living in the property

Date(s) of birth _____

Please tick if anyone in the property has a temporary illness
and indicate how long their recovery is expected to take

Details of your needs for priority service

Hearing:

Sight:

Mobility:

Medical equipment:

Other – please specify:

If you're hard of hearing

Please provide a textphone number: _____

If you're visually impaired
please tick if you require

Talking bills

Braille bills

Large print bills

Language if not English _____

Representatives

Please complete this section if you'd like a friend or family member to receive duplicate copies of your bills and statements. This person will not be named on your account, so they'll be unable to discuss your account with us and they won't be financially responsible.

Full name:

Telephone number:

Password scheme

We offer a password scheme for extra security. We'll only give your password to members of staff and agents who need to know it. They'll quote it to you when they call at your home. If you'd like to change your password, please call us on **0345 555 7 100**.

Password: (8 characters max)

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When will agents visit?

Please note our agents will visit between the hours of 8am and 8pm.

Passing on your details about your special requirements

So that we can give you the most appropriate service, we need to tell the people who may need to carry out work at your property about your requirements.

Please sign below to give your consent, so that we can share the relevant details you've told us about on this form with your local electricity/gas network operator.

Signed: _____

Date: _____

Please note – if you don't sign to give consent, we'll be unable to add you to Priority Services.

We may also need to disclose the information that you've provided to OFGEM, their agents, or other 3rd parties, in order to comply with our obligations under the supply licences which allow us to operate as a supplier of electricity and gas. We will not use this information for sales or marketing purposes. If you are happy for us to disclose your information for this purpose, please tick.

Please complete this form and return to **Freepost ECOTRICITY** (no further address details are needed)