

Application for Life Support Identification

1. Are you registered with the Office of State Revenue for the Life Support Equipment Energy Subsidy Scheme?
 Yes (complete sections 1 and 3) No (please complete all sections of this form)
2. Are you a new applicant for Synergy's Life Support Identification and are not registered under the Life Support Equipment Energy Subsidy Scheme?
 Yes (please complete all sections) No (this is a renewal, complete sections 1 and 3)

Please be aware that failure to complete any appropriate section, specifically the declaration by a certified medical practitioner, will result in the application being declined and returned to you on the basis of being incomplete.

Section 1: Applicant details

Synergy account no _____

Title (Mr/Mrs/Ms) _____ First name _____ Surname _____

Name (as it appears on your electricity bill) _____

Date of birth _____ Phone no (H) _____ (W) _____

Mobile no _____

Home address (where life support equipment is being used) _____

Suburb _____ Postcode _____

Postal address (if different from home address) _____

Email address _____

I do not wish Synergy to contact me regarding any promotional or marketing activities (please tick box)

Patient details

Is the home-based life support equipment for your use? Yes No

(If no, please complete Dependant Details below)

Dependant details

Title (Mr/Mrs/Ms) _____ First name _____ Surname _____

Date of birth _____ Relationship to you _____

Section 2: Practitioner details (Only new applicants need to complete this section)

A Specialist, General Practitioner or nursing professional must complete all details in this section.

Practitioner name _____

Hospital (where applicable) _____

Position in hospital (where applicable) _____

Provider no _____

Stamp (if available) _____

Continued over...

Life support equipment list

Please tick item(s) prescribed:

- Ventilator (VPAP or BPAP only)
- Oxygen concentrator standard capacity (adult)
- Oxygen concentrator high capacity (adult)
- Oxygen concentrator (child only)*
- Feeding pump
- Suction pump
- Machine assisted peritoneal dialysis equipment (cycle or heater)
- Apnoea monitor (child only)*
- Heart pump

- Nebuliser (child only – used everyday for 1-2 hours)*
- Other _____

(please ensure a declaration is submitted with the application that specifies the type of life support equipment being used in the premises and a statement from a medical specialist/practitioner confirming the equipment is required for life support purposes at the premises)

*A child = under the age of 16 years

Does not include items used as backup equipment

Medical Practitioner declaration – Please sign and return

I _____ (Full name of Medical Practitioner) certify that I have prescribed the following life support equipment for:

Name (of patient on life support equipment at home) _____

Signature (of Medical Practitioner) _____

Phone _____

Date _____

Section 3: Applicant authorisation and declaration

I hereby declare that:

- I will notify Synergy in writing of any changes that affect either the validity of this application or my entitlement to the Life Support Account Identification.
- All particulars on this form are, to the best of my knowledge and belief, true and accurate.
- I will notify Synergy by telephone when I move into a new premises and require life support.
- I give consent for Synergy to provide information to third parties that provide life support assistance.

Signature (of applicant or carer) _____

Date _____

Applications that contain fraudulent claims or misrepresentation will be referred to the relevant authority for appropriate action.

Return the completed application form to Synergy

By mail GPO Box K851, Perth WA 6842

By fax (08) 6212 1034

For further information:

Telephone 13 13 53



If you don't speak English call the telephone interpreter service (TISNational) on 13 14 50

TTY (08) 9221 8608 (for customers with hearing or speech difficulties)

Website synergy.net.au

For information regarding the Life Support Equipment Electricity Subsidy

By mail Office of State Revenue
GPO Box T1600, Perth WA 6845

Website www.osr.wa.gov.au

Email lifesupport@dtf.wa.gov.au

Telephone (08) 9262 1373

Fax (08) 9262 1597