

Life Support Equipment Application

(As of July 2024)



Section 1: Synergy Account Holder

The Synergy Account Holder will be the primary contact for all life support equipment matters addressed in this application unless the Account Holder authorises an alternative primary contact. By submitting this application, Synergy will update your account to reflect your contact details specified in section 1. The nominated phone/mobile number, postal address (if different to your supply address) and email (if applicable) will now become your default details for Synergy to contact you for life support, billing and other electricity account matters. For example, if you receive paperless bills and your email address in section 1 is different to the email address where your bills are currently sent, Synergy will now send your bills to the email address nominated in section 1.

Synergy account no. _____ Meter number _____

First name _____ Surname _____ Date of birth _____

Supply address where life support equipment is being used:

Unit No. _____ Building/House No. _____ Street name _____

Suburb _____ Postcode _____

Postal address (if different to above) _____

Phone number _____ Mobile number _____

Email (if applicable) _____

Section 2: Person requiring life support equipment at the supply address (Patient)

The Patient will not be contacted by Synergy unless authorised by the primary contact.

Is the Account Holder detailed above also the Patient? Yes No

If you answered 'No' above, please provide the Patient's details below.

If there is more than one Patient, please attach additional details in the following format:

First name _____ Surname _____

Date of birth _____ Relationship to Account Holder _____

Section 3: Declaration and Consent

This section must be completed by the Synergy Account Holder.

I hereby declare that:

1. I am the Account Holder named in Section 1 of this application and all information provided in this life support equipment application is, to the best of my knowledge and belief, true, accurate and not misleading.
2. If I am not also the Patient identified in Section 2 of this application, I have the full legal authority or consent to act on the Patient's behalf for the purpose of this application and to disclose the information required by Synergy.
3. I will immediately notify Synergy in writing if life support equipment is no longer required at the supply address.
4. I will immediately notify Synergy of any changes to the contact details specified in Sections 1 and 2 and confirm to Synergy that the changes in contact details are now the primary contact details to be used for the purposes of this application and any associated life support equipment registration.
5. I consent to Synergy providing information concerning me, the Patient and/or this application to the network operator, Western Power, and relevant government agencies for purposes related to this life support equipment application.
6. I consent to Synergy contacting the Patient's Medical Practitioner detailed in Section 4 and for the Medical Practitioner to disclose relevant information concerning the patient to Synergy that Synergy may reasonably require for the purposes of processing this application.
7. I acknowledge that life support equipment applications which are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for appropriate action.
8. I acknowledge and understand that I will be required to renew this life support equipment application annually (without requiring production of medical certification unless requested) and every three years (with medical certification).
9. I confirm that life support equipment is used at the address specified in section 1.

Signature of Synergy Account Holder _____ Date _____

Section 4: Medical Authorisation (Medical Practitioner)

This section must be completed by one of the following (please indicate which):

For persons residing within the Perth Metropolitan Area

A Specialist Medical Practitioner or Practitioner working in a specialist department of a hospital or a hospice doctor.

For persons residing outside of the Perth Metropolitan Area

A Doctor or General Practitioner who also works on an occasional basis from a local hospital or rural health service.

A Specialist Medical Practitioner or Practitioner working in a specialist department of a hospital or a hospice doctor.

Medical Practitioner Declaration

Medical Practitioner full name _____ Medical Provider no. _____

Name of Hospital/Hospice/Rural Health Service (as applicable) _____

Position title _____

Phone no. _____ Stamp (if available) _____

I certify that I have prescribed the following equipment to _____ (full name of patient on life support equipment at the address specified on this application). I consent to Synergy contacting me concerning the Patient and/or this certification.

Signature (of Medical Practitioner) _____ Date _____

Please complete all relevant fields in the table below:

Equipment		Yes/No
Apnoea monitor (Child only*)		
CPAP Machine	(Adult) - Only when clinically prescribed for obesity hypoventilation syndrome, tracheomalacia, obstructive sleep apnoea with sleep hypoventilation or other life-threatening disease as determined by a specialist, with usage over four hours per night. (Child*) - Only when clinically prescribed for severe obstructive sleep apnoea, tracheomalacia or other life-threatening disease as determined by a specialist.	
Feeding pump		
Heart pump		
Machine assisted peritoneal dialysis equipment		
Nebuliser	(Adult) - Only when a tracheostomy is expected to be in place for more than 6 months and nebulised therapy is required for life support purposes. (Child*) - Only when used for 1-2 hours per day.	
Oxygen concentrator - standard capacity (Adult only)		
Oxygen concentrator – high capacity 'New Life Intensity' (Adult only)		
Oxygen concentrator (Child only*)		
Suction pump		
Ventilator – VPAP or BPAP machines		

*A child is defined as being under the age of 16 years.

Please return the completed application to Synergy, using the Reply Paid envelope supplied, or:

Mail to: GPO Box E266, Perth WA 6841 **Hand delivery:** Level 23, 152 – 158 St Georges Tce, Perth WA 6000

Send online via the Synergy website at synergy.net.au/LifeSupportApplication

Simply complete all fields, obtain medical authorisation (as per Section 4), sign the form and then scan and attach your electronic application. Incomplete forms will not be accepted.

IMPORTANT INFORMATION

- If you do not return this completed application form including medical certification, Synergy is unable to register your supply address as requiring life support equipment.
- Applications that are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for appropriate action.
- **If you are a concession cardholder, you may be eligible for the Life Support Equipment Energy Subsidy Scheme with the Office of State Revenue (OSR). Application forms can be obtained from www.finance.wa.gov.au or by phoning the Energy Subsidies enquiry line on (08) 9262 1373.**

For further information:

Telephone 1800 303 449 **Website** synergy.net.au/lifesupport



TIS 13 14 50 (for telephone interpretation services).



TTY 13 36 77 (if you have hearing or speech difficulties,
Monday to Friday between 7am and 7pm, excluding public holidays).

Collection of Information Notice

To assist us to provide you with services, we need to collect personal and credit information about you. We may disclose this information to other parties (who may be located overseas), including third party providers, and to external agencies as described in our privacy policy, and may also use your personal information for direct marketing purposes. Our privacy policy explains what information we collect and why we collect it, how we use that information, who we work with, and the countries where those recipients may be located. This policy also explains your rights to access and correct any information we store about you, how to make a privacy complaint and how to opt out of receiving direct marketing. Our privacy policy is available at synergy.net.au/privacy or by calling us on **13 13 53** for residential customers or **13 13 54** for business customers.

Create an action plan so you're prepared for emergency situations:

Your electricity supply may be subject to planned or unplanned interruptions. The network operator, Western Power is required to provide you with a notification of any planned interruption in accordance with the Code of Conduct for the Supply of Electricity to Small Use Customers.

We recommend that you talk to your medical specialist to put a plan in place for any unexpected outages. Here's some measures we recommend are adopted if you rely on life support equipment:



Keep emergency phone numbers handy - for your doctor, fire department, police and ambulance services.



Always have an alternative power source nearby - such as a battery back-up system or a generator.



During a storm, listen to the radio to keep up to date with the latest weather conditions.



Have a battery-operated radio on hand with fresh batteries.



Always have a phone available that doesn't rely on mains power.



Be fully prepared to leave your home if an extended electricity outage occurs.



Know the location of your nearest hospital.

If your power goes out unexpectedly, you can contact Western Power by calling **13 13 51**.