

Life Support Equipment Registration

(As of July 2019)

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

Mail to: GPO Box E266, Perth WA 6841 **Hand delivery:** 219 St Georges Tce, Perth WA 6000.

Send online as an attachment 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.

Section 1: Synergy Account Holder/customer making this application (“Applicant”)

Synergy account no. _____ Meter number _____

Given names _____ Surname _____ Date of birth _____

Supply Address Unit No. _____ Building/House No. _____

Street Name _____

Suburb _____ Postcode _____

Postal address (if different to above) _____

Contact phone number _____ Mobile number _____

Email (if applicable) _____

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

Is the Applicant detailed above also the Patient? Yes No

If no, please provide the patient’s details below (if different to Section 1 details).

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

First name _____ Surname _____

Date of birth _____ Relationship to Applicant _____

Address where life support equipment is being used

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

Email (if applicable) _____

Section 3: Declaration and Consent (“Applicant”)

I hereby declare that:

1. I am the Applicant named above.
2. If I am not the patient named above, 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. All information provided on this life support equipment application is, to the best of my knowledge and belief, true, accurate and not misleading.
4. I will immediately notify Synergy in writing if life support equipment is no longer required at the supply address.
5. I will immediately notify Synergy of any changes to the contact details specified in Sections 1 and 2.
6. 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.
7. I consent to Synergy contacting the patient’s medical practitioner detailed in Section 4 in relation to this life support equipment application and to that medical practitioner disclosing any relevant information or records concerning the patient to Synergy for those purposes.
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 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.

Signature of Applicant _____ **Date** _____

Section 4: Medical Authorisation

This section must be completed by an appropriately qualified Medical Practitioner (please indicate which):

Within the Perth Metropolitan Area

A specialist medical practitioner, a respiratory or sleep specialist, a paediatrician, a hospice doctor, or a practitioner working in a specialist department of a hospital;

Outside of the Perth Metropolitan Area

A doctor or general practitioner if he/she also works on an occasional basis from a local hospital or rural health service, or a hospice doctor.

Medical Practitioner Declaration

Medical Practitioner name _____ Medical Registration no. _____

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

Position title _____

Phone no. _____ Stamp (if available) _____

I _____ (Full name of Medical Practitioner) certify that I have prescribed the following equipment to _____ (name of patient on life support equipment at the address specified on this application requiring electricity necessary for the continuation of life). I consent to Synergy contacting me concerning the patient and/or this certification.

Please complete all fields in the table below:

| Life Support Equipment Type | Yes/No | Life Support Equipment Type | Yes/No |
|---|--------|--|--------|
| Ventilator (VPAP or BPAP only) | | Ventilator – CPAP* | |
| Apnoea Monitor (for children only)** | | Oxygen Concentrator (Standard Capacity – Child)** | |
| Oxygen Concentrator – Standard Capacity (Adult) | | Oxygen Concentrator – High Capacity 'New Life Intensity' (Adult) | |
| Machine Assisted Peritoneal Dialysis Equipment (cyclor or heater) | | Nebuliser (for children only – used every day for 1-2 hours per day)** | |
| Feeding Pump | | Nebuliser (Adult – adults with a tracheostomy expected to be in place for more than 6 months where nebuliser therapy is required for life support purposes) | |
| Suction Pump | | Heart Pump | |

*Adult – only when clinically prescribed for adults with obesity hypoventilation syndrome, tracheomalacia, obstructive sleep apnoea with sleep hypoventilation, or other life threatening disease as determined by a respiratory or sleep specialist with usage over four hours per night.

**Child – only when prescribed for severe obstructive sleep apnoea, tracheomalacia or other life threatening disease as determined by the treating Paediatrician. A child is defined as being under the age of 16 years.

Signature (of Medical Practitioner) _____ **Date** _____

For further information:

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



If you do not speak English, please call the telephone interpreter service (TIS National) on 13 14 50.

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

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.**

Collection of Information

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 credit reporting bodies, and may also use your information for direct marketing purposes. We will collect, use and disclose this information in accordance with our privacy policy (which includes our credit reporting policy), and which, explains your rights to access and correct any information we store about you, report a privacy breach and opt out of receiving direct marketing. Our privacy policy is available at synergy.net.au/privacy_policy or call us on **13 13 53**.

We may also disclose your credit information to credit reporting bodies (CRBs) such as information about overdue payments. Our privacy policy also includes important information about credit reporting such as the details about the CRBs to whom we may disclose your credit information, the information that CRBs hold, and how you can request CRBs not to use or disclose your information for pre-screening or when you consider yourself to be victim of fraud. You can request a copy of a statement setting out the important credit reporting information by contacting us.

