

Life Support Equipment Application

(As of Feb 2023)



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.

Synergy account no. _____ Meter number _____
First name _____ Surname _____ Date of birth _____
Supply address 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 _____
Supply address where life support equipment is being used:
Unit No. _____ Building/House No. _____ Street name _____
Suburb _____ Postcode _____ Phone number _____
Patient email (if applicable) _____
Postal address (if different to above) _____

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.
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).

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 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 _____ (full 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:

Adult	Yes/No	Child*	Yes/No
Feeding Pump		Apnoea Monitor	
Machine Assisted Peritoneal Dialysis Equipment		Feeding Pump	
Nebuliser (only when a tracheostomy is expected to be in place for more than 6 months and nebulised therapy is required for life support purposes)		Machine Assisted Peritoneal Dialysis Equipment	
Suction Pump		Nebuliser (only when used 1-2 hours every day)	
Ventilator - VPAP or BPAP		Suction Pump	
CPAP Machine – (only when clinically prescribed for adults with obesity hypoventilation syndrome, tracheomalacia, obstructive sleep apnoea with sleep hypoventilation, or other life threatening diseases as determined by a specialist with usage of over four hours per night)		Ventilator - VPAP or BPAP	
Oxygen Concentrator Standard Capacity		CPAP Machine (only when prescribed for severe obstructive sleep apnoea, tracheomalacia or other life threatening diseases as determined by the treating specialist)	
Oxygen Concentrator High Capacity 'Newlife Intensity'		Oxygen Concentrator	
Heart Pump		Heart Pump	

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

Signature (of Medical Practitioner) _____ Date _____

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 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

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 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.

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.