

Life Support Equipment Registration Form

Section 1: CleanTech Energy Account Holder (the Applicant)

Company Name _____

ABN: _____ CleanTech Energy account no. _____

Supply Address: _____

NMI: _____ Meter Number: _____

Contact Name _____ Phone Number: _____

Email _____

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

Fill in the information below for the person who requires the life-support equipment:

First name _____ Surname _____

Date of birth _____ Relationship to Applicant _____

Section 3: Declaration by 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 to act on the Patient's behalf for the purpose of this application.
- 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 CleanTech Energy in writing if life support equipment is no longer required at the Supply Address.
- 5 I will immediately notify CleanTech Energy of any changes to the contact details specified in Sections 1 and 2.
- 6 I consent to CleanTech Energy providing information concerning me, the Patient and/or this application to the network operator and any relevant government agencies for purposes related to this life support equipment registration form.
- 7 I consent to CleanTech Energy, the Network Operator or any other relevant organisation contacting the Patient's Medical Practitioner detailed in Section 4 in relation to this form and to that Medical Practitioner disclosing any relevant information or records concerning the Patient to CleanTech Energy.
- 8 I acknowledge and agree that I will be required to renew this life support equipment application form 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 _____

Name (please print) _____

Date _____

Section 4: Medical Authorisation

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

Specialist Medical Practitioner or a practitioner working in a specialist department of a hospital

OR

Hospice Doctor

OR, outside the Perth metropolitan area:

Doctor/General Practitioner working on an occasional basis from a local hospital/rural health service.

Medical Practitioner name _____ Medical Registration no. _____

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

Position title _____

Phone no. _____ Stamp (if available) _____

Medical Practitioner Declaration

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 CleanTech Energy or the Network Operator contacting me concerning the Patient and/or this certification.

Please complete all fields in the table below:

Life Support Equipment Type	Yes/No
Ventilator (VPAP or BPAP 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)	

Life Support Equipment Type	Yes/No
Nebuliser (for adults with a tracheotomy expected to be in place for more than 6 months where nebulised therapy is required for life support purposes)	
Nebuliser (for children only - used every day for 1-2 hours per day)**	
Apnea Monitor (for children only)**	
Feeding Pump	
Heart Pump	
Suction Pump	

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

Signature of Medical Practitioner _____ Date _____

Please return the completed application to CleanTech Energy:

Mail to: PO Box 262, West Perth WA 6872

Email as an attachment at info@cleantechenergy.com.au

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.

For further information:

Telephone (08) 6147 7555

Website www.cleantechenergy.com.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, CleanTech Energy 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 registered for the Life Support Equipment Electricity Subsidy Scheme with the Office of State Revenue, please call CleanTech Energy to ensure we have your life support details registered, as you may not be required to complete this application.

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. Please call us on 08 6147 7555 to view our privacy policy.