

Life support application and renewal form

Use this form to notify Power and Water Corporation if your property requires electricity or water supply to operate life support equipment for a patient residing at the premises.

How to complete and submit this form

Please fill in using block letters and ensure details are completed in full Email to life.support@powerwater.com.au or return to Power and Water Corporation, GPO Box 3596, Darwin NT 0801. If you have any questions about this form or need more time to fill it out, you can request an extension by contacting us on 1800 245 092 or by email at life.support@powerwater.com.au.

A registered medical practitioner must complete sections 5 and 6.

1. Your details

Customer ID Title First name Middle name Family name

Date of birth Phone business hours Phone after hours Mobile

Email

Is the person requiring life support equipment:

The account holder - Go to section 3 A patient residing at the premises - Go to section 2

2. Life support patient details (If different from applicant/account holder)

Title First name Middle name Family name

Phone business hours Phone after hours Mobile

Email

3. Emergency contact details

Title First name Middle name Family name

Phone business hours Phone after hours Mobile

Email

4. Service address

Lot no Unit no Street no Street name

Suburb Postcode

Date life support equipment is required:

/ /

5. Medical practitioner details (A registered medical practitioner must complete this section)

Title First name Family name Medical registration number

Medical practice address Phone number

6. Medical condition confirmation (A registered medical practitioner must complete, stamp and sign this)

I certify that

requires life support equipment.

The required life support equipment is:

- An oxygen concentrator
- An intermittent peritoneal dialysis machine
- A kidney dialysis machine
- A chronic positive airways pressure respirator
- Crigler-Najjar syndrome phototherapy equipment
- A ventilator for life support, or
- Other equipment required for life support:

Service required:

- Electricity
- Water
- Both electricity and water

Official stamp

Please specify

Signature

Date

/ /

Your authorisation

The account holder:

- understands that the completion and return of this form to Power and Water Corporation satisfies the requirement under the Electricity Retail Supply Code to provide medical confirmation.
- understands that failure to return this completed form to us within 50 business days from the date of issue of the Life Support Application-Renewal form may result in Power and Water Corporation removing the life support status from the service address.
- confirms that the Life Support patient resides at the premises and requires a constant supply of electricity or water to operate life support equipment.
- declares that all information provided on this application is, to the best of their knowledge, true and accurate.
- will immediately notify Power and Water Corporation if the above listed property no longer requires life support equipment.
- understands that a new life support application form will be required if the Life Support Patient moves to another property, other than that listed in section 4.
- will immediately notify Power and Water Corporation in the event they nominate a new electricity retailer. Failure to notify Power and Water Corporation of a change of retailer may result in the life support status not being correctly applied to the service address.
- acknowledges this application is valid for 12 months and will need to be renewed and validated by a medical practitioner after this time. Failure to renew the life support application following the expiry of 12 month period may result in Power and Water Corporation removing the life support status from the service address.
- consents to Power and Water Corporation sharing the information in this application to third parties (who may be overseas) in accordance with the Power and Water Corporation Privacy Policy, including the Network Provider, electricity retailer and government agencies. A copy of the Privacy Policy can be found on the Power and Water Corporation website at www.powerwater.com.au/customers/my_account/privacy.
- acknowledges that the acceptance of this application by Power and Water Corporation does not guarantee supply of services and the supply to the premises will be subject to outages due to storms, accidents or other circumstances beyond Power and Water Corporation's control.
- acknowledges that they are responsible for having a suitable emergency medical management plan in place in the event there is an interruption to the supply to the premises.

I have read and acknowledge all of the above authorisations.

Full name (as per section 1 and 2)

Signature

Date

/ /

PWC USE ONLY

Service	Date entered in to RMS	Date form received	User	CM9 REF
<input type="checkbox"/> Electricity	/ /	/ /	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Water				
<input type="checkbox"/> Both				

Send to us

Email life.support@powerwater.com.au
Postal GPO Box 3596, Darwin, NT 0801
Phone 1800 245 092

Effective from 22 April 2022