

Savant Energy Account Holder / Applicant's Details				
Savant Energy Customer ID				
Name (as it appears on your bill)			Date of Birth	/ /
Supply Address				
Suburb		State		Postcode
Email		Phone		

Patient Details / Person Requiring Life Support Equipment				
Is the applicant detailed above also the Patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, please provide the patient's details below. In case of more than one patient, please attach additional details in the format below.				
First Name		Last Name		Middle Initial
Date of Birth	/ /	Relationship to Applicant		
Address				
Suburb		State		Postcode
Email		Phone		

Declaration by Applicant			
I hereby declare that: <ol style="list-style-type: none"> I am the Applicant named above. If I am not the Patient named above, I have full legal authority to act on the Patient's behalf for the purpose of this application. All information provided on this life support equipment application is, to the best of my knowledge and belief, true, accurate and not misleading. I will immediately notify Savant Energy in writing if life support equipment is no longer required at the Supply Address. I will immediately notify Savant Energy of any changes to the contact details specified in Sections 1 and 2. I consent to Savant Energy providing information concerning me, the Patient and/or this application to the relevant network operator and government agencies for purposes related to this life support equipment application. I consent to Savant Energy contacting the Patient's Medical Practitioner detailed in Section 4 in relation to this life support equipment application. I acknowledge and agree 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] 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. 			
Name		Signature	Date

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.
- Hospice Doctor
- Doctor/General Practitioner working on an occasional basis from a local hospital/rural health service [outside metropolitan areas].

Medical Practitioner Name		Medical Registration No.	
Name of Hospital / Hospice / Rural Health Service [as applicable]			
Position Title		Phone No.	
Stamp [if available]			

Declaration by Medical Practitioner

I _____ [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 Savant Energy contacting me concerning the Patient and/or this certification.

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|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Ventilator [VPAP or BPAP only] <input type="checkbox"/> Oxygen Concentrator – Standard Capacity [Adult] <input type="checkbox"/> Machine Assisted Peritoneal Dialysis Equipment [cyclor or heater] <input type="checkbox"/> Apnea Monitor [For Children Only] ** <input type="checkbox"/> Feeding Pump | <ul style="list-style-type: none"> <input type="checkbox"/> Oxygen Concentrator [Standard Capacity – Child] ** <input type="checkbox"/> Oxygen Concentrator – High Capacity “New Life Intensity” [Adult] <input type="checkbox"/> Nebuliser [For Children Only – used every day for 1-2 hours per day] ** <input type="checkbox"/> Heart Pump <input type="checkbox"/> Suction Pump |
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**** A Child is defined as being under the age of 16 years.**

Name		Signature		Date	
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Form Submission

Please complete all fields, obtain medical authorisation [required], sign this form and send by:

Post	Savant Energy Power Networks Pty Ltd GPO Box 443, Adelaide SA 5001	Email	admins@activeutilities.com.au
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Incomplete forms will not be accepted. For further information, please visit our website www.savantenergy.com.au or give us a call on 1300 11 73 76.

IMPORTANT INFORMATION

- If you do not return this completed application form including medical certification, SAVANT 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 a concession card holder, you may be eligible for certain rebates/concessions. Please refer to www.Savant Energy.com.au for more information.

Collection of Information

To assist us in providing 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 our website, Savant Energy.com.au

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.
