



Priority Support Application

We are here to help

We offer a wide range of services to all of our customers and we want to provide the best possible level of service to everyone. Here at ESB Energy we are concerned about those who require additional help.

We recognise that some of our customers have special requirements where continuity of energy supply is critically important and we also offer additional services to customers needing extra help with their accounts.

ESB Energy offer a range of services for those who are considered vulnerable and we are aware that all situations are different.

We can provide extra help where you or a member of your household:

- 1. Are of a pensionable age.**
- 2. Have a disability, impairment, or chronically sick.**
- 3. Use mains-operated medical equipment to maintain your well-being and require advance warning of an interruption of their electricity and/or gas.**
- 4. Have a visual or hearing impairment.**
- 5. Have a child / children under the age of five.**

If you or a member of your household requires this additional support please contact us directly and we will ensure the best level of service for you, as an ESB Energy customer.

To register with us as a Priority Services customer, please complete the form below and return it to us in the prepaid envelope provided.



Section 1 - Your details

Customer Account No.

Title

Name (Account Holder)

Address

Postcode

Email address

Would you like to nominate someone to deal with your account?

By doing so, you authorise us to contact the nominee and if agreed by both the account holder and nominee, for us then to take instructions from them on all aspects of your account until they, or you, instruct us not to.

Title

Name (Account Holder)

Address

Postcode

Email address

Would you like the nominee to receive bills and other communications from us?

Yes

No

*Please note, the responsibility for payment of the bills will remain with you (the account holder).



Section 2 - You and your circumstances

To help us provide you with suitable services, please tick the appropriate boxes that apply to you or someone living in your household.

- I am of a pensionable age
- Someone in my household is of a pensionable age
- I am chronically sick or have a long term medical condition
- Someone in my household is chronically sick or has a long term medical condition
- I have a disability or impairment
- Someone in my household has a disability or impairment
- I have a visual impairment
- Someone in my household has a visual impairment
- I have a hearing impairment
- Someone in my household has a hearing impairment
- I have a child/children under five years old
Please provide the age of the youngest child in your household

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 (DD/MM/YYYY)

Please tick any of the following medical equipment, life protecting devices or assistive technology you may have in your home - either for your own use or for someone who lives with you.

- Heart/Lung Machine
 - Oxygen Concentrator
 - Ventilator
 - Nebuliser
 - Apnoea monitor
 - Kidney Dialysis Machine
 - Bath Hoist
 - Stair lift
 - Other (please specify) _____
-



Section 4 - Free gas safety check

To find out if you are eligible for a free gas safety check, please tick the following boxes where relevant to you or someone in your household.

- I receive means-tested benefit such as income-based job seekers allowance or tax credits
- I live with someone who receives means-tested benefit
- I have a child/children under five
- I am of a pensionable age
- I live with someone of a pensionable age
- I am disabled
- I live with someone who is disabled
- I am chronically ill
- I live with someone who is chronically ill

If you have ticked any boxes above please provide the following information:

My last gas safety check was carried out on

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 (DD/MM/YYYY)

*If you do not own your own home, your landlord is responsible for ensuring that gas appliances, fittings and flues are safe.

ESB Energy reserves the right to request you to provide further evidence of your entitlement to these services.

Signature _____

Date

| | | | | | | | | | |
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By signing this form I consent to this information being shared with relevant industry parties who operate on behalf of ESB Energy.

Please complete this form and return in the prepaid envelope provided to:

PSR Application, ESB Energy

Peter House, Oxford Street, Manchester, M1 5AN

Alternatively you can email the completed form to **help@esbenergy.co.uk**

If you require any further information please call us on **0345 60 70 372**