

Priority Services Register Registration Form



Title: <input type="text"/>	First name: <input type="text"/>	Surname: <input type="text"/>
Preferred contact number: <input type="text"/>	Email address: <input type="text"/>	
Account number: <input type="text"/>	Date of birth:	D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Address: <input type="text"/>		
Town or City: <input type="text"/>	Postcode: <input type="text"/>	

Vulnerable circumstances and/or additional needs

Tick the boxes if any of the following apply to you or anyone living in your home;

Visually impaired <input type="checkbox"/>	Hearing impaired <input type="checkbox"/>	Speech difficulties <input type="checkbox"/>	Physical impairment <input type="checkbox"/>
Chronic illness <input type="checkbox"/>	Mental health issues <input type="checkbox"/>	Learning difficulties <input type="checkbox"/>	Dementia <input type="checkbox"/>
Pensionable age (65+) <input type="checkbox"/>	Low income <input type="checkbox"/>	No internet access <input type="checkbox"/>	Unable to answer door/restricted movement <input type="checkbox"/>
Temporary - Living with children under 5 <input type="checkbox"/>	Review date	D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Temporary - Life changes <input type="checkbox"/>	Review date	D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Temporary - Post hospital recovery <input type="checkbox"/>	Review date	D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
Non-English speaking (please confirm language) <input type="text"/>			
Other (please provide details) <input type="text"/>			

Our password scheme:

Anyone we send to your door, such as our engineers, will always carry an ID card which they'll show you to confirm who they are. If you'd like extra security, please choose a personal password and write it below in block capital letters. Whenever we send anyone to your home they'll be able to tell you the password to protect you from fraudulent callers.

(Maximum 10 characters)

Nominee scheme:

If you'd like to nominate a family member or carer to act on your behalf please provide their details below. We'll need you to sign the form to give your consent for us to discuss your account with them. We'll also need a signature from them to confirm they're happy to act on your behalf. Once we've received written confirmation from both parties, we'll use them as our main point of contact.

Name:

Address:

Town or City:

Postcode:

Email address:

Relationship to you:

Signature and declaration Nominated representative

Signature and declaration Account holder

Declaration: I confirm that the details I have given are true and correct. I give permission for you and other organisations acting on your behalf to securely store and use my personal details so that you can provide me with priority services. We may contact you or your nominated representative to discuss any of the information provided in this form. If you've provided details for a nominated representative, you're giving your explicit consent for us to talk to your nominated representative on your behalf. This may mean we share information with them about you and your heat supply until you tell us that you no longer wish them to act as your nominated representative. I understand that, by law, you're allowed to use my personal details once I give my permission. We confirm that we won't use or pass your details to a third party for marketing purposes.