

Life Support Registration Form

If you require a life support system, are a Cowell Electric customer, and reside in either Blinman, Cockburn, Glendambo, Kingoonya, Mannahill, Marla, Marree, Nundroo, Oodnadatta, Parachilna, the APY Lands, Oak Valley, Yalata or Yunta, please complete this form.

To register your life support equipment you need to:

1. Fill in sections A, B and C and make sure the account holder reads, signs and dates the declaration in section B.
2. Ask your medical practitioner to complete section D.
3. Return this form to us within **50 business days**
Scan and email your completed form to **retail@cowellelectric.com.au**
or mail to **PO Box 70, Cowell, SA 5602**

For more information or assistance with how to complete this form, call **1800 805 020**

Section A - Life support customer details

First name

Last name

Phone

Email

House no

Unit no

Street no

Street name

Suburb or Community name

Post code

State

Date life support equipment is required from

Section B - Account holder or Principle Customer details and declaration

Account number (if known)

First name

Last name

Phone

Email

This account must be for the supply address provided in Section A to be eligible to register life support equipment

By submitting this form, you confirm that:

- All information on this application form is to your knowledge true and accurate.
- The address provided is the primary residence of the life support patient.
- You will advise Cowell Electric Supply immediately if your circumstances change and if life support equipment is no longer required.
- You understand that you will need to complete a new Medical Confirmation Form if you leave your existing service address listed above.
- You are responsible for having a suitable pre-arranged Outage Plan in place in the event that your energy supply is interrupted, in both an unplanned situation such as weather events, and where notified in advance by Cowell Electric.
- You consent to Cowell Electric's use, holding and disclosure of your personal information in accordance with our Privacy Policy, found at www.cowellelectric.com.au/privacy-policy

Account holder or Principle Customer signature

Date

Section C - Planned outage notification method

Send notification via:

Written notice (post)

Online (email)

Text message (SMS)

Send notification to:

Details in **Section A**

Details in **Section B**

Also notify my preferred third party?

YES (must complete details below)

NO

First name

Last name

Phone

Email

House no

Unit no

Street no

Street name

Suburb or Community name

Post code

State

Organisation name (if applicable)

Section D - Medical practitioner's statement (Medical practitioner to complete)

I certify that the below life support equipment is/will be installed at the patient's home at the address shown in **section A** of this form and acknowledge that due to the nature of off grid electricity supplies, that unplanned extended interruptions to electricity supply are possible.

Please select the applicable life support equipment below:

Oxygen concentrator

Ventilator for life support

A nebuliser

Chronic positive airways pressure respirator

Intermittent peritoneal dialysis machine

Medically required heating or cooling

Kidney dialysis machine

Medical / Provider number

Name

Job title

Phone

Hospital / Clinic / Practice

Lot no

Unit no

Street no

Street name

Suburb or Community name

Post code

State

Medical Practitioner signature

Date

Cowell Electric Supply operates under the license conditions set out by the
Essential Services Commission of South Australia

Details of the license requirements regarding Life Support set out by the Commission can be found at
www.cowellelectric.com.au/raes in the Electricity Retail, Distribution and Generation License

Section E - Remove and deregister your life support equipment

Only complete the below steps if you wish to deregister your life support equipment with Cowell Electric

1. Fill in sections A and B of this form.
2. Print your name and sign below.

Note: A new notification form must be completed each time you register Life Support Equipment at a new supply address.

By signing the below, you hereby certify that there is no longer a life support equipment requirement for the address in section A.

Date from which deregistration applies

First name

Last name

Signature

Date