

# Life Support Registration



**APEX ENERGY**  
NETWORKS

At Apex Energy, we understand that some of our customers have special requirements. We have a system to support our customers who rely on the continual supply of power to their homes for life support. In order to provide this service we do need to be aware of your medical situation and therefore require you and your medical practitioner/ hospital to complete the form below. Completion and return of this form will satisfy the requirement to provide medical confirmation under the Rules.

## Life Support Patient's Details

Title	First Name	Surname
Unit Number	Address	
Suburb	State	Postcode
Landline	Mobile	
Date when Life Support is required at the premises		Date of Birth
Signature		Date

## Electricity Account Holder Details

Name	Account Number
Signature	Date

## Medical Practitioner Details (Medical Practitioner/Hospital to Complete)

Practitioners Name	Job Title
Medical Provider	Phone
Hospital/Practice Name	
Hospital/Practice Address	

### Please tick the relevant equipment required for life support

- Power Wheelchair    Oxygen Concentrator    CPAP Respirator    Intermittent Peritoneal Dialysis Machine  
 Kidney Dialysis Machine    Ventilator    Crigler Najjar Syndrome Phototherapy Equip    Other

Other Details
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### Medical Practitioner Declaration

I certify the above patient requires the use of selected life support equipment at the address indicated

Signature	Date
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Privacy of the information provided. By returning this form to us, you consent and agree to Apex Energy Networks collecting, managing and disclosing the personal information you have provided to us in accordance with the Privacy Act 1988(Cth) and our Privacy Policy. Our Privacy Policy is available at [apexenergy.com.au/privacy](http://apexenergy.com.au/privacy). Please contact us if you would like a paper copy. How we use the information These details will be shared with your network distributor to minimise disruptions caused by maintenance or network upgrades in your area. We may also contact you to discuss payment options should your electricity account become overdue and be listed for disconnection.

**Please Return/Email the Form to:**  
PO Box 303 Camberwell VIC 3124  
[info@apexenergynetworks.com.au](mailto:info@apexenergynetworks.com.au)  
**Need help filling this form?**  
Call our Customer Service Team on: **1300 273 969**