Apply for our
Life Support Program

NETWORK
Are you eligible to join?

Do you or does someone living at your premises have a medical condition that is supported by electrical equipment?

If so you could be eligible for the Ergon Energy Network Life Support Program, designed to provide you with valuable information on power supply interruptions.

You are eligible if you:

- Have a medical condition that requires access to special electrically powered life support equipment and/or
- Have a person/s living at your premises that has a medical condition that requires access to special electrically powered life support equipment.

Under the Life Support Program you will receive special services and valuable information about power supply interruptions.

The different types of life support equipment that qualify are listed below:

- Oxygen concentrator
- Intermittent peritoneal dialysis machine
- Kidney dialysis machine
- Chronic positive airways pressure respirator
- Crigler najjar syndrome phototherapy equipment
- Ventilator for life support
- Any other equipment a registered medical practitioner certifies is required for a person residing at the customer’s premises for life support.

If you are not sure whether a medical condition might qualify for our Life Support Program, please ask your doctor or health care provider.
How our Life Support Program provides support

After your application is accepted, you will be a member of the Ergon Energy Network Life Support Program and will have access to:

- A special telephone number that you can call for information about supply interruptions
- Our advisory service for unplanned interruptions – where possible, we will contact you with an estimate of when power to the premises will come back on
- Our advisory service for planned interruptions – where possible, we will contact you directly to advise when we plan to interrupt the power and when we expect it to come back on.

Important information

Unexpected power cuts

We do everything possible to provide a reliable electricity supply, but sometimes unexpected technical issues or situations arise. For example, storms, strong winds, lightning, wildlife strikes, traffic accidents and even vandalism can disrupt the power supply.

That’s why we can’t guarantee an uninterrupted power supply 100 per cent of the time.

Please remember, it is your responsibility to prepare for when power is interrupted and to make alternative arrangements for emergency situations.

Updated personal details

Ergon Energy must be notified immediately if the person who requires life support:

- Changes their contact details.
- Moves to another address.
- No longer requires the life support equipment detailed on the application form.

Please notify Ergon Energy by calling 13 74 66 or provide written confirmation of the changes.

Government concession schemes

If the medical condition of the person/s who requires life support equipment requires electricity for cooling or heating purposes, you may be eligible for a concession under the Queensland Government’s Medical Cooling and Heating Electricity Concession Scheme.

In addition, if the person/s who requires life support equipment have oxygen concentrators or kidney dialysis machines you may be eligible for the Electricity Life Support Concession Scheme.

For further information on these government concession schemes, please go to communities.qld.gov.au
How to apply

Applying for membership of the Ergon Energy Network Life Support Program is easy.

1. Confirm with your medical practitioner that you or the person/s living at your premises has a medical condition that requires access to special electrically powered life support equipment (see page 2).


3. Have a medical practitioner fill in and sign the Medical condition confirmation section of the form.

4. If you would also like to be advised of planned interruptions by email, fill in the Additional planned interruption notifications via email section of the form.

5. Post the completed form back to: 
   Ergon Energy, Reply Paid 308 Rockhampton Qld 4700
   A Reply Paid envelope has been provided.

If you have already contacted us about our Life Support Program and have been told that you have been registered as a member pending submission of the Life Support application form, you must return the completed form to us within 28 days of the date you contacted us to ensure you remain registered.

If you need longer than 28 days to submit your application form or have any questions about applying for our Life Support Program, please call us on 13 74 66.

You are not a member of our Life Support Program until we advise you that your application has been successful.

We will write to you to let you know when you have been accepted as a member of the Ergon Energy Network Life Support Program.
Account holder details (please print)

Note: This application must be completed by the electricity account holder.

Surname: 
First name: 
Account premises: 
Address: 
Postcode: 
Telephone: 
Date of Birth: 

Terms & conditions

• I hereby apply for membership of the Ergon Energy Network Life Support Program and confirm that the information provided in this application is true and accurate.
• I confirm that I fulfil the eligibility criteria for the Life Support Program, as explained in the Ergon Energy Network Life Support Program brochure attached.
• I consent to Ergon Energy contacting my electricity retailer to confirm that I am the electricity account holder.
• I acknowledge that Ergon Energy may refuse my application if I do not meet the eligibility criteria and will contact me from time to time to confirm my continuing eligibility.

Signature
(Account Holder or Authorised Representative):
Date: / / 

If the Authorised Representative has signed this form, please provide Authorised Representative name:

Authorised Representative:
Surname: 
First name: 

Person who requires the life support equipment details (please print)

Person who requires the life support equipment as detailed on the Medical condition confirmation form:
Surname: 
First name: 

If you wish to register multiple persons who require life support equipment, who reside at the same premises, please contact us on 13 74 66 to request further application forms, or download additional forms at ergon.com.au by clicking on Network and Life Support.

Person who requires contact during an unplanned interruption (please print)

Where possible, during an unplanned interruption, we will contact the nominated person with an estimate of when the power to the premises will come back on. Please nominate the contact person:

Surname: 
First name: 
Telephone: (mobile or landline that does not require power)

Is this person:

☐ The account holder,
☐ The person who requires the life support equipment, or
☐ Another contact person e.g. relative.

Privacy Notice: Ergon Energy is collecting personal information, including health information, on this form for the purpose of assessing an application for membership of the Ergon Energy Network Life Support Program. If we are not provided all or part of the information requested, we may not be able to assess and approve the application. The information collected will be stored in Japan and the USA with Ergon Energy’s Cloud Computing Service Provider. The information collected will not be disclosed by Ergon Energy to any third party without the individual’s consent, unless authorised or required by law or in accordance with the Privacy Act 1988 (Cth). If an individual has been listed as your contact it is your responsibility to inform them that their personal information has been supplied to Ergon Energy and the purpose. If individuals wish to access their personal information or make a complaint they may contact our Privacy Officer on 13 74 66 or by email at privacy@ergon.com.au. Ergon Energy’s Privacy and Security Statement and Privacy Policy can be located at ergon.com.au.
Medical practitioner details
(please print)

Surname: ________________________________
First name: ________________________________
Address: ____________________________
Postcode: ____________________________
Qualification(s): ____________________________
(Official Stamp may be used)
Telephone: ____________________________

I certify that ____________________________
(name of person who requires the life support equipment)
has a medical condition and requires life support equipment that requires continuous access to an electricity supply.

Person who requires email contact for a planned interruption (please print)

If you would also like to receive planned interruption notifications via email please complete the following:

Surname: ________________________________
First name: ________________________________
Email: ________________________________

Is this person:
☐ The account holder
☐ The person who requires the life support equipment, or
☐ Another contact person e.g. relative.

Additional planned interruption notifications via email

In the event of planned interruptions, Ergon Energy will provide notification at least four business days before the date of the interruption. This notification will detail the expected date, time and duration of the interruption. We usually hand deliver planned interruption notifications to the electricity account premises address or post them to the electricity account billing address.

As a member of the Ergon Energy Network Life Support Program, you can also elect to receive planned interruption notifications via email.

Please note: If you also elect to receive planned interruption notifications via email, you will need access to a computer that is connected to the internet, a valid email address and to make sure that you regularly check your emails (at least once a day). Ergon Energy cannot control or guarantee the successful delivery of the planned interruption notification to the email address once it has been sent.

Medical condition confirmation
A medical practitioner must complete and sign this form

The required life support equipment is:
☐ An oxygen concentrator
☐ An intermittent peritoneal dialysis machine
☐ A kidney dialysis machine
☐ A chronic positive airways pressure respirator
☐ Crigler naijar syndrome phototherapy equipment
☐ A ventilator for life support, or
☐ other equipment required for life support:
________________________________________

Signature: ________________________________
Date: / /
Medical registration number: ________________________________
(ahpra)
The Life Support Checklist could save your life

### Life support equipment
- Does the life support equipment perform if there is a loss of mains power?
- Does the life support equipment plug into a surge protector?
- Is there a UPS (uninterruptible power supply) for temporary back-up power?
- Is there a back-up battery? If so, is it kept fully charged?
- Are there reserve oxygen cylinders? If so are they filled and working?

### Medication
- Is the supply of medications, prescription drugs and special health needs fully stocked?

### Telephone
- Does your regular phone need an electrical supply to work?
- Do you have another phone, such as a mobile phone?
- Do you know where to find the Ergon Energy Network Life Support Program emergency phone number? Can you find it if the power goes out?

### Hospital
- Do you have the address and phone number of the nearest hospital handy?
- Does the hospital have back-up generators (so it always has power)?
- How will the person who requires life support get to the hospital when the mains power is out and the back-up battery power is low?

### Alternative accommodation
- Is there a family member or friend that could provide alternative accommodation in the event of an extended outage?

### Storm kit
- Do you have a storm kit that includes a battery-operated radio, torch, first-aid kit, battery-powered or wind up clock, extra batteries, an insulated cooler for storing medication and a list of important phone numbers?

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Please keep handy a list of emergency contact numbers for the person who requires life support. The list should include:

- Ergon Energy Network Life Support Program: 13 16 70, 24 hours a day, 7 days a week
- Emergency services (Ambulance): **Triple Zero 000**
- Doctor/s
- Personal carer or health care professional
- The nearest hospital
- Taxi services.
Customer Service Network

13 74 66
7.00am - 6.30pm Monday to Friday
Faults only

13 22 96
24 hours a day, 7 days a week
Life-threatening emergencies only

Triple zero 000 or 13 16 70
24 hours a day, 7 days a week

Network Life Support Program

13 16 70
Reply Paid PO Box 308 Rockhampton Qld 4700

Office of the Customer Advocate
PO Box 264 Fortitude Valley Qld 4006
NetworkCustomerAdvocacy@ergon.com.au

ergon.com.au
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