## FIRMUSCARE REGISTER

Electricity Customer Registration & Additional Support Form

**We are here to make managing your electricity account easier.** If you, or someone living at your property, may need additional support because of age, disability, illness, communication needs or other circumstances, please complete this form.

## PERSONAL INFORMATION

| | | |
|---|---|---|
| **First name:** | **Surname:** | **Date of birth:** |
| **Telephone:** | **Email:** | **Account number:** |
| **Supply address:** | **Town / City:** | **Postcode:** |

**MPRN / Meter Point Reference Number:**

## PERSONAL CIRCUMSTANCES

Please tick any circumstance that applies to you or someone living at the property.

| | |
|---|---|
| ☐ Are of pensionable age | ☐ Speech impairment |
| ☐ Are registered Disabled | ☐ Visual impairment |
| ☐ Are terminally or chronically ill | ☐ Dexterity impairment |
| ☐ Learning difficulty | ☐ Mental health / cognitive difficulty |
| ☐ Long-term or chronic illness | ☐ Mobility Impaired |
| ☐ Language / communication difficulty | ☐ Other circumstance requiring additional support |

**Additional information about your support needs (please do not provide unnecessary medical detail):**

## SERVICES YOU REQUIRE

Please tick the services or communication arrangements that would help us support you.

### Communication and accessibility

| | |
|---|---|
| ☐ **Need extra Time**<br>If an occupant may need a little extra time when speaking to us on the phone or when we visit the property. | ☐ **Language and communication**<br>If an occupant has any communication or language barriers and wish to make us aware of this so we can use appropriate communication methods to meet their needs |
| ☐ **Physical Or Mobility Difficulties:**<br>If an occupant has any physical or mobility restrictions that may affect their ability to access the electric meter or answer the door to a meter reader/ engineer | ☐ **Temporary/Personal Circumstances**<br>If an occupant is facing difficult circumstances or life events such as a carers responsibilities, bereavement, pregnancy, financial difficulties, ect. |

## NOMINATED PERSON / CARER

Would you like to nominate someone to help you communicate with us?

| | | |
|---|---|---|
| ☐ Yes | | ☐ No |
| **Name:** | **Relationship:** | **Telephone / email:** |

Please tell us what you authorise this person to do:

| | |
|---|---|
| ☐ Receive copies of correspondence | ☐ Help communicate with us |
| ☐ Discuss my account with us | ☐ Other |

## HOMEVISITS/FIRMUSCARE PASSWORD

If you would like to set up a personal password arrangement for visits to your property, please contact us. Do not use a bank PIN or another security password.

| | | |
|---|---|---|
| **Preferred password (if applicable):** | **Preferred contact method:** | **Preferred contact time:** |

## MEDICAL / ELECTRICITY-DEPENDENT EQUIPMENT

Does anyone at the property rely on electrically powered medical or healthcare equipment?

| | |
|---|---|
| ☐ Yes | ☐ No |

If yes, please tick any that apply. This information may be relevant to appropriate support and network arrangements.

| | |
|---|---|
| ☐ Oxygen concentrator | ☐ Suction pump |
| ☐ Electric hoist | ☐ Electric chair / lift |
| ☐ Nebuliser | ☐ Electric bed / mattress |
| ☐ Medicine requiring refrigeration | ☐ Home dialysis |
| ☐ Vital signs monitoring | ☐ Nutrition / feeding pump |
| ☐ Ventilator | ☐ Other electrically dependent equipment |

**Equipment / additional information**

## CUSTOMER CONFIRMATION & CONSENT

I would like to be added to the Firmus Energy Customer Care Register. I confirm that the information I have provided is accurate to the best of my knowledge. I understand that the information will be used to identify my support requirements and provide appropriate additional services.

| | | |
|---|---|---|
| ☐ I confirm | ☐ I do not wish to register | |
| **Customer name:** | **Signature:** | **Date:** |

## PRIVACY & INFORMATION

Your information will be handled in accordance with applicable data protection requirements and Firmus Energy's privacy notice. We will use information provided for customer care and support purposes and for relevant regulatory or operational requirements. Please provide only information that is necessary for us to understand and meet your support needs.

If your circumstances change, please contact us so that your Customer Care Register record can be updated.

### Customer contact

Firmus Energy
5 Trench Road, Mallusk, Newtownabbey, County Antrim, BT36 4TY
Customer Services: 0330 024 9000 Firmuscare Customer
Enquiries: 0800 032 4567