



Sign up for the Priority Services Register

Using this form

Fill in this form using block capitals, and marking any relevant boxes with a cross, like this .

Sending it back

You can fill in this form and email it back to us at **support@sparkenergy.co.uk**

Or post it back to Spark Energy, Dunsdale Road, Ettrick Riverside, Selkirk TD7 5EB

Your details

Title

Mr Mrs Miss Ms Other

First name

Surname

Address

Postcode:

Telephone (including area code)

Email address

Account number

Your requirements

Please tell us about your needs and requirements. Mark as many boxes that apply, and then give us more details in the box below.

- | | | |
|--|---|---|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Poor sense of smell | <input type="checkbox"/> Hearing impaired/speech difficulties |
| <input type="checkbox"/> Foreign language speaker/unable to communicate in English | <input type="checkbox"/> Chronic/serious illness | <input type="checkbox"/> Partially sighted |
| <input type="checkbox"/> Learning difficulties/developmental condition | <input type="checkbox"/> Deaf | <input type="checkbox"/> Pensionable age (65+) |
| <input type="checkbox"/> Unable to answer door/restricted movement | <input type="checkbox"/> Disabled/physical impairment | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Life changes e.g. unemployment or temporary illness | <input type="checkbox"/> Restricted hand movement | <input type="checkbox"/> Have young children age 5 or under |
| | <input type="checkbox"/> Mental health | <input type="checkbox"/> Additional presence preferred |
| | <input type="checkbox"/> Post hospital recovery | <input type="checkbox"/> Young adult householder (under 18) |

Please give details

bringing energy to life

Continues overleaf...



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Are you, or is anyone in your household, dependent on any medical equipment which relies on electricity such as a ventilator or stair lift?

No Yes

Please tell us which of the following apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Nebuliser and apnoea monitor | <input type="checkbox"/> Oxygen Concentrator | <input type="checkbox"/> Careline/telecare system |
| <input type="checkbox"/> Heart/lung machine, lung and ventilator | <input type="checkbox"/> Stair lift, hoist, electric bed | <input type="checkbox"/> Medicine refrigeration |
| <input type="checkbox"/> Kidney Dialysis, feeding pump and automated medication | <input type="checkbox"/> MDE electric showering | <input type="checkbox"/> Oxygen use |

Please give details

Your services

Please mark as many boxes as you like. All the services on the Priority Services Register are free of charge.

- I would like to receive audio bills.
- I would like to receive my bills and statements in large print.
- I would like to receive my bills and statements in Braille.
- I would like my prepayment meter moved.
- I would like to use the password protection scheme (used at house visits).
Please choose a memorable password, up to eight characters long.

- I would like my bills and statements sent to a friend or family member.
Please give their details below.

First name

Surname

Address

Postcode:

Telephone

Email address