

# Priority Service Register Form

After completion, please email this form to [idno.care@vattenfall.com](mailto:idno.care@vattenfall.com) or mail to:  
Vattenfall Networks UK, 5th Floor, 70 St Mary Axe, London, EC3A 8BE, United Kingdom.

## Your Details

<b>Title:</b>	.....
<b>First Name:</b>	.....
<b>Surname:</b>	.....
<b>Home Tel:</b>	.....
<b>Mobile Tel:</b>	.....
<b>Email:</b>	.....

<b>Home address:</b>	
<b>First line</b>	.....
<b>Second line</b>	.....
<b>City</b>	.....
<b>Post Code</b>	.....
<b>Contact preference</b> <small>You can select multiple options</small>	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone

## Would you like for us to set up a password to enter your premises?

Yes                       No

If yes, we will contact you through your details given to set up the password. Please do not write the password on the form.

## Nominated Person Details

Is there anyone we can contact in case of a power cut that has the ability to aid you? If no, please skip

<b>NP Title:</b>	.....
<b>NP First Name:</b>	.....
<b>NP Surname:</b>	.....
<b>Home Tel:</b>	.....
<b>Mobile Tel:</b>	.....
<b>Email:</b>	.....

**Please tell us about the needs of your household below by ticking all boxes that apply**

**Medically Dependent Equipment**

- Oxygen Use
- Medicine refrigeration
- Assisted electric showering
- Stair lift, hoist, electric bed
- Nebuliser and apnoea monitor
- Heart, lung & ventilator
- Dialysis, feeding pump/automated medication
- Oxygen concentrator
- Careline/Telecare system

**Mobility impairment, disability or mental health condition**

- Chronic/serious illness
- Restricted hand movement
- Physical impairment
- Developmental condition
- Dementia
- Poor sense of smell
- Mental health
- Unable to answer door/restricted movement

**Pensionable Age**

- Pensionable Age

**Communication Impairment**

- Hearing/speech difficulties (inc. Deaf)
- Blind
- Partially sighted

**Do any of these fit your circumstances?**

- Temporary life changes/other
- Post hospital recovery
- Young adult householder (<18)
- Family with young children, 5 or under

**Other**

- Other: Please tell us your concerns below

**Declaration**

By signing below, I am providing consent to Vattenfall Networks to process the information provided in accordance with our data protection policy. I also understand that my data can be shared to other companies for the purpose of providing this Priority Service Register. The information provided above is true to the best of my knowledge.

**Full Name:** .....  
(BLOCK CAPITALS)

**Signature:** .....