ESP offer additional services for customers or other members of the household requiring priority services. These include:

* advance notice of planned interruptions to your supply
* a password facility to enable you to recognise our engineers should they have a need to visit your home (either at your request or in a case of an emergency).
* providing advice on how to best prepare for an expected shutdown and manage in an unexpected shutdown

Your details will be kept in strictest confidence and only passed on to other organisations for energy-related purposes e.g. a meter company who would need to know your special requirements should they require access to your home to read the meter. We will inform your Energy Supplier, who can also register you under their own Priority Service Register. **This service is FREE OF CHARGE.**

Alternatively, if you register with your Energy Supplier’s Priority Services Register, similarly they will pass on your details to us.

Please note that it is not possible to guarantee a constant supply of energy and it is essential that you have alternative arrangements to fall back on.

Please complete this form and post to Priority Services Register, ESP Utilies Ltd, Bluebird House, Leatherhead, Surrey KT22 7BA. **The fields marked with an asterisk (\*) are required**.

|  |  |
| --- | --- |
| Title |  |
| First Name\* |  |
| Surname\* |  |
| Telephone No.\* |  |
| Mobile No.\* |  |
| Address\* |  |
| Email |  |
| Contact preference\* |  |
| Visitor password (if required) |  |

The visitor password is facility to enable you to recognise our engineers should they have a need to visit your home (either at your request or in a case of an emergency). This is in addition to the photographic ID cards we already provide to our engineers.

**Completing this form for someone else?**

|  |  |
| --- | --- |
| First Name\* |  |
| Surname\* |  |
| Telephone No.\* |  |

Please let us know what your household needs are by ticking the relevant boxes on the following list and provide additional information if required.

|  |  |  |
| --- | --- | --- |
| **Priority Service Category** | **🗸** | **Further Comments** |
| Nebuliser and apnoea monitor  |  |  |
| Heart, lung & ventilator  |  |  |
| Dialysis, feeding pump and automated medication  |  |  |
| Oxygen concentrator  |  |  |
| Blind  |  |  |
| Partially sighted  |  |  |
| Stair lift, hoist, electric bed  |  |  |
| Pensionable age  |  |  |
| Physical impairment  |  |  |
| Unable to communicate in English(please provide first language in further comments)  |  |  |
| Developmental condition  |  |  |
| Unable to answer door  |  |  |
| Dementia(s)/Cognitive impairment |  |  |
| Chronic/serious illness  |  |  |
| Medically dependent showering/bathing |  |  |
| Careline/telecare system  |  |  |
| Medicine refrigeration  |  |  |
| Oxygen Use  |  |  |
| Poor sense of smell/taste  |  |  |
| Restricted hand movement  |  |  |
| Families with young children 5 or under(please provide expiry date in further comments)  |  |  |
| Mental health  |  |  |
| Additional presence preferred  |  |  |
| Temporary - Life changes(please provide expiry date in further comments)  |  |  |
| Temporary - Post hospital recovery(please provide expiry date in futher comments)  |  |  |
| Temporary - Young adult householder (<18)(please provide expiry date in further comments)  |  |  |
| Hearing impairment (inc. Deaf )  |  |  |
| Speech impairment |  |  |
| Water dependent |  |  |
| Other (please provide information)  |  |  |

**Please confirm if you give consent to us sharing this information with your current supplier by ticking (🗸) the corrsponding box below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |