

NSW Life Support Rebate



Application form: Retail customers

Consent for person to act on your behalf (optional)

Only complete this section if you would like someone to act on your behalf in relation to this application.

I authorise _____, who can be contacted by phone on _____ to:

- speak to my energy retailer on my behalf to assist with processing this application
- clarify any information provided in this form to assist with processing this application.

I have confirmed with the above nominated person that they agree to act on my behalf and advised them that their information will be collected and managed in accordance with the Privacy Notice in this form.

I understand that this consent is only provided to act in relation to this application and is not provided to act on behalf of or in relation to my electricity account with my retailer.

I understand that I can withdraw this consent at any time by contacting my energy retailer.

Applicant declaration and authorisation statement

I (insert name), _____ of (insert principal place of residence) _____ :

- declare that all particulars provided on this application form are, to the best of my knowledge, true and correct.
- have read and understood all information in this application form, including the Checklist and Privacy Notice
- declare that all information provided in this application is, to the best of my knowledge, true and correct
- understand that it is my responsibility to notify my retailer of any changes to the information I have provided in this form
- agree to provide additional information about my eligibility on request
- understand that this application, once signed, remains valid unless I withdraw it by contacting my retailer.

Power of attorney (when application signed under power of attorney)

I have attached the certified copy of the power of attorney with this application.

Applicant signature: _____

Date: _____

NSW Life Support Rebate



Application form: Retail customers

Medical declaration

Patient details

Name of patient who uses life support equipment:

Address of patient:

Patient daytime contact number:

I consent to the release of my medical records relevant to this application to my energy retailer and the Department if required as part of their responsibilities in delivering and administering this rebate. I have read and understood the Privacy Notice.

Patient signature:

Date:

Medical practitioner details

This section must be completed by the patient's medical practitioner.

Practitioner name:

Provider number:

Name of place where patient was reviewed (hospital/clinic/practice):

Phone number of place where patient was reviewed (hospital/clinic/practice):

NSW Life Support Rebate



Application form: Retail customers

Approved life support equipment prescribed for the patient

The patient's medical practitioner is required to select the relevant check box/es below. See page 7 for more information on approved life support equipment.

Medical practitioner declaration

I certify that the patient requires the use of:

Check box	Equipment	Qualification
	Oxygen concentrators (full-time)	Machine is used continuously for 24 hours a day
	Oxygen concentrators (part-time)	Machine is used less than 24 hours a day (part-time)
	Positive airway pressure device (full-time)	Machine is used continuously for 24 hours a day
	Positive airway pressure device (part-time)	Machine is used less than 24 hours a day (part-time)
	Enteral feeding pump	–
	External heart pump	–
	Home dialysis	–
	Phototherapy	–
	Power wheelchairs	Patient must be classified as a quadriplegic Note: does not include mobility scooters
	Total parenteral nutrition pump	–
	Ventilators	Note: does not include nebulizers, humidifiers or vaporizers

I declare that all information provided in this application is, to the best of my knowledge, true and correct.

I consent to the applicant's energy retailer and the Department contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner:

Date:

