

# Priority Services Registration Form

Version number: 2.2

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# Section 1: Help us to identify you

Plea	se check, amend or add your personal details.
Title	
Nar	me
	ll Energy account number
Tele	phone
	uil address
	ress
Post	code
Sec	tion 2: Tell us about your circumstances
	elp us to provide you with priority services, please indicate any of the following umstances which apply to you, or to someone else in your household:
Plea	se indicate any situation which applies by placing a cross in the box.
Med	dical dependency upon utilities supply:
	Oxygen concentrator
	Stair lift / hoist electric bed
	Heart or lung ventilator machine
	Dialysis, feeding pump or automated medication
	Nebuliser or apnoea monitor
	Medically dependent electric showering
	Careline/telecare system
	Medicine refrigeration
	Water dependent
Pote	ential safety risk:
	Poor sense of smell (for example, inability to detect gas leak or burning)
	Oxygen use
	ricted mobility (for example, unable to reach or read meter; unable to answer door to er reader or engineer):
	Physical impairment
	Restricted hand movement

	Unable to answer door/restricted movement			
	Chronic/serious illness			
	ricted communication (for example, unable to read a standard bill, read a meter or talk the phone):			
	Blind			
	Partially sighted			
	Hearing difficulties			
	Speech difficulties			
	Unable to communicate in English			
W	hat is your preferred language?			
Men	ital health:			
	Developmental condition			
	Dementia			
	Mental health			
Age	:			
	State pensionable age, and:			
	☐ Live alone			
	$\ \square$ Live only with others of state pensionable age or persons under the age of 18			
	□ Neither of the above			
Tem	porary:			
	Life changes (for example, pregnancy)			
	Post-hospital recovery			
	Young adult householder (under 18 years old)			
	Householder's date of birth			
	Children 5 years old or under  Date of birth for youngest child  Eligibility for priority services will automatically end once the youngest child in the household reaches the age of 6, unless you have selected any other criteria such as disability or chronic illness			

# Section 3: Request eligible priority services

Here are some extra ways we can help you stay informed. Please make your request(s) by placing a cross in the box.

#### PS1: Nominee scheme

Please select one box only.

can be easily confused and worried by communications from my energy supplier.
☐ I would like Shell Energy to send duplicate copies of my bills to the following nominated relative, carer, friend or other trusted representative who has consented to receive them on my behalf.
Please note that this person will not be named on your account and we will not be able to discuss your account with them. As the account holder, the responsibility for the energy supply, including payment of bills, remains with you.
The copies of bills will be sent to the nominee by post.
Title
Name
Telephone
Email address
Address
Postcode
PS2: Accessible information
am blind or partially sighted. I would like my bills and other communications about my energy supply to be provided in:
□ Large print
□ Braille
□ Spoken word (CD / tape)

# PS3: Reading meters

Here are some extra ways we can help you stay safe and secure. Please make your request(s) by placing a cross in the box.

	I nor anyone else in my household is able to safely read the meter like Shell Energy to:
	nge for a meter operator to install a smart meter which will send my meter readings atly to Shell Energy
☐ Arra	nge for a meter reader to read my meter at appropriate intervals
Please sel	ect one box only.
PS4: Acc	cessing meters
	prepayment meter and no-one in my household is able to safely or top it up.
	uld like Shell Energy to arrange a meter operator to assess the meter location and if ible, to move it to a location I can access
PS5: Free	e gas appliance safety checks
Shell Ener	gy offers a free gas appliance safety check for eligible homeowners.
□ low	n the property in which I live and receive a means-tested benefit
One or r	more of the following also applies to me:
☐ Som	eone in my household is of pensionable age, disabled or chronically sick
□ I live	with one or more children aged 5 years old or under
PS6: Ide	ntification scheme
To deliver property.	the priority services listed here, a meter reader or engineer will need access to your
I would lik	te additional assurance that they are genuine by using the following pass phrase:

Please ensure your pass phrase

- can't be guessed by someone else
- is no longer than 10 characters
- only includes numbers and letters (for example, don't use spaces; symbols such as pound signs; or punctuation marks such as exclamation marks)

#### PS7: Medical dependency on energy supply

#### I, or another member of my household, have a medical or other critical dependency upon my energy supply.

I would like Shell Energy to inform my local distributor that I require priority service in the event of a disruption to my energy supply. Local distributors physically take electricity and gas from the national transmission networks and distribute it to your property. They offer priority services such as advance notice of planned supply disruption, priority updates during disruption and additional support during lengthy periods of disruption.

You can find more details about your local electricity and gas distributors and the priority services they offer by searching online. If Shell Energy supplies both your gas and electricity we will inform both your electricity and gas distributors.

### Please read the following before submitting or returning this form to Shell Energy.

Shell Energy works with other companies to deliver many of these priority services. In requesting a priority service, you are consenting to Shell Energy sharing your request with these other companies. These other companies will only use the information for the purpose of providing you with a priority service.

We, and these other companies, keep any information you provide strictly confdential.

You may withdraw from any priority service by logging into your Shell Energy account and amending your Priority Service.

Request form or by calling us on 0330 094 5800.

Shell Energy reserves the right to review your eligibility for priority services from time to time and withdraw any service for which you are ineligible.

The Shell Energy team will raise any services you've requested in the coming days. Should you have any questions or concerns please contact us on:

Phone: **0330 094 5800** 

TextPhone: 18001 0330 094 5800

Address: Shell Energy, PO Box 6363, Coventry CV3 9LR

Email: customer.service@shellenergy.co.uk

Opening hours: Monday to Friday 8am to 6:30pm, Saturday 9am to 4pm.

# **Declaration**

- I confrm that the information I have provided in this form is true to the best of my knowledge.
- I consent to the storing, processing and sharing of my data for the purposes stated above.
- I consent to this information being shared with Shell Energy's partners where appropriate, including companies who work on their behalf; distribution networks; meter operators; other energy suppliers; and trusted charities such as the British Red Cross
- I understand that these organisations may assist during incident situations to support Shell Energy in safeguarding me and other household members.

Print name		
Your signature		