By completing and submitting this priority service registration form, you are providing Leep Electricity Networks Limited with your consent to use your personal data to include you on a Leep Electricity Networks Limited Priority Services Register (PSR) and to process your personal data for the purpose of operating the PSR, including providing you with support should you experience a loss of electricity supply.

Once complete please return this form to LENL@leeputilities.co.uk or post to Leep Utilities, Leep Utilities, Metro Building 2nd Floor, 33 Trafford Road, Salford, M3 5NN

The fields marked with an asterisk (\*) are required

|  |  |  |
| --- | --- | --- |
| **Title\*** | Mr/Miss/Mrs/Ms/Other \_\_\_\_\_\_\_\_\_ |  |
| **First Name\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Surname\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Contact number\*****(preferably mobile)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Secondary contact number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Landline number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Email**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **House number/Name\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Street Name\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Town\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **County** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Post code\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Contact preference\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
| **Nominated contact name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Nominated contact number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Visitor password** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
| **Reason for registering with Priority Service** (please tick any/all that apply) |
|  | * Chronic/serious illness
 |  |
| **Medically dependent** |  |
| * Heart, lung & ventilator
 |  |
| * Dialysis, feeding pump & automated medication
 |  |
| * Oxygen concentrator
 |  |
| * Nebuliser and apnoea monitor
 |  |
| * MDE electric showering
 |  |
| * Careline/telcare system
 |  |
| * Medicine refrigeration
 |  |
| * Stair lift, hoist, electric bed
 |  |
| **Safety** |  |
| * Oxygen use
 |  |
| * Poor sense of smell
 |  |
| **Poor mobility** |  |
| * Physical impairment
 |  |
| * Unable to answer door/restricted movement
 |  |
| * Restricted hand movement
 |  |
| **Age related** |  |
| * Pensionable age
 |  |
| * Families with young children five or under
 |  |
| **Communication difficulties** |  |
| * Blind
 |  |
| * Partially sighted
 |  |
| * Hearing/speech difficulties (incl. deafness)
 |  |
| * Unable to communicate in English
 |  |
| **Mental health** |  |
| * Dementia
 |  |
| * Development Condition
 |  |
| * Mental health
 |  |
| * Additional presence preferred
 |  |
| **Temporary** |  |
| * Temporary – life changes
 |  |
| * Temporary – post hospital recovery
 |  |
| * Temporary – young adult householder
 |  |
|  |  |
| * Please confirm that you give your consent for Leep to process this information, in line with our privacy notice which can be viewed at [www.leeputilities.co.uk](http://www.leeputilities.co.uk). If you would like us to send you a copy of the Privacy Notice, please contact 0345 122 6786
 |  |
| * I agree for Leep Electricity Networks Limited to share my personal data (including sensitive personal data) with my electricity supplier can include me on its priority service register, contact me for the purpose of its priority services register and to otherwise process my personal data for the purposes of operating this priority service register.
 |  |
| * I confirm that all of the information provided is correct
 |  |
| Form completed by (full name)\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |