

Priority Services Register

Application form

Please download this form and complete in **BLOCK CAPITALS**. Please use a cross (X) for the options you choose. You must complete each section unless otherwise stated.

Please return the completed form as an email attachment to retail.psr@sseenergyservices.com or by posting to: Priority Services, FREEPOST, PO Box 224, Havant, PO9 9DG.

Section 1 - Your account

Address

Postcode

Please tell us your account number(s) for the service we supply to you at this address.

Gas

Electricity

Section 2 - Account holder details

Title
(please cross (X))

Mr Mrs Ms Miss Other

First name

Surname

Date of birth

Phone number

Email

Section 3 - Your circumstances

Please tell us about any circumstances that affect your household, and whether they affect you or someone who lives with you (put a cross (X) in the boxes that apply).

	Account holder	Other member of household		Account holder	Other member of household
Aged 60 and over	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety / depression	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	Blind	<input type="checkbox"/>	<input type="checkbox"/>
Deaf	<input type="checkbox"/>	<input type="checkbox"/>	Cognitive impairment/ Dementia	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Condition	<input type="checkbox"/>	<input type="checkbox"/>	Dialysis / Feed Pump / Automatic Medication	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	Hard of hearing	<input type="checkbox"/>	<input type="checkbox"/>
Heart / Lung machine	<input type="checkbox"/>	<input type="checkbox"/>	Learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Medical dependent showering and bathing	<input type="checkbox"/>	<input type="checkbox"/>	Medicine refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Mental ill health	<input type="checkbox"/>	<input type="checkbox"/>	Nebuliser and apnoea monitor	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen use (electric)	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen use (non-electric)	<input type="checkbox"/>	<input type="checkbox"/>
Partially sighted	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Poor sense of smell and taste	<input type="checkbox"/>	<input type="checkbox"/>	Restricted hand movement	<input type="checkbox"/>	<input type="checkbox"/>
Restricted movement / Unable to answer the door	<input type="checkbox"/>	<input type="checkbox"/>	Serious / chronic illness	<input type="checkbox"/>	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>	<input type="checkbox"/>	Stair Lift / Hoist / Electric bed	<input type="checkbox"/>	<input type="checkbox"/>
Telecare System	<input type="checkbox"/>	<input type="checkbox"/>	Water dependency	<input type="checkbox"/>	<input type="checkbox"/>

If there are temporary circumstances that affect you, please tell us (put a cross (X) in the boxes that apply), and also fill in the end date. If you're not sure of the exact date, please give your best guess.

Temporary post-hospital recovery Please tell us when you'll be fully recovered	<input type="checkbox"/>	DD / MM / YYYY
Billpayer aged eighteen or under Please tell us when you'll be nineteen	<input type="checkbox"/>	DD / MM / YYYY
Children age five or under at property Please tell us when your youngest child will be aged six	<input type="checkbox"/>	DD / MM / YYYY
Other Temporary life change Please tell us when this is likely to change	<input type="checkbox"/>	DD / MM / YYYY

Section 4 - Extra services we can give you

Please put a cross (X) in the boxes below to tell us about you and the extra service we can give you (put a cross (X) in the boxes that apply). If there's a box for more information please fill it in.

Do you need extra time to answer the door?

Do you need help reading your meter(s)?

Do you want someone there when we visit?

If you'd like a family member or friend there when we visit you (like checking your meter)

Can't speak English

Please tell us what your first language is

Would you like a password?

You can ask us to confirm this password when we visit you at home (must be 10 characters or less)

If you use British Sign Language (BSL)

You can talk to us using BSL with our SignVideo service. You need a PC or Mac with a webcam, or an Android or Apple phone or tablet. To find out more visit sse.co.uk/signvideo.

Do you need adapted bills?

If you'd like your bills in a different format please put a cross (X) in the boxes that apply to let us know.

Arial

We can send you bills using the plain font Arial

Black and white

Colour contrast

What colour paper would you prefer your bills printed on?

Braille

Large print

Talking bills

We can call you to talk you through your bills

Welsh / Cymraeg

Os hoffech gael eich biliau yn y Gymraeg

Section 5 - Declaration

Please put a cross (X) and sign the boxes below to show that you give permission for us to store your information. We recommend you select both boxes, and take up all the extra services you can have.

I give permission for SSE, the OVO Group to record this information to help adapt their products and services to best suit my needs.

I give permission for this information to be shared with my network providers, who distribute energy to my home, to ensure they have the information they need to make things easy for me and give me extra help in the event of a power loss.

Signature

Date

If you selected the box to say you're happy for us to share your details with your network providers, please put a cross (X) in the box that applies to tell us who they should contact if there's a power outage.

Contact me

Contact a third party

Please give us details

Name

Telephone number

If you need any help you can also contact us in these other ways

Phone

Call us on **0800 622 838**

Language Line

To talk to us in another language, ask for Language Line when you call us on **0800 622 838**

Textline

If you have a textphone call us on **0800 622 839**

SignVideo

Talk to us using British Sign Language. Learn more at: sse.co.uk/signvideo

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