



Boost

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Boost’s Priority Services Register Application Form

It’s important to us that you get the support you need, so we wanted to let you know about Boost’s Priority Services Register (PSR) – but we won’t be able to add you to it unless we hear from you.

Sign up online or by phone

Simply fill in our online form at boostpower.co.uk/register-for-priority-services or call us on 0117 332 3728 (mobile) or 0330 102 7517 (landline). Our opening hours are Monday-Friday 8am-6pm and Saturday 9am-1pm.

Sign up by post

Alternatively, just fill out the form below and post it back to us. Or ask a family member/carer to do it for you.

Before you start, here’s a little bit more about the PSR. You can also find out more information online at boostpower.co.uk/help/topics/all-about-boost/what-is-the-priority-services-register.html

Who can apply?

You can apply for the PSR or a family member or carer can apply on your behalf, if you’re:

<ul style="list-style-type: none"> • Disabled • Chronically sick • Bedridden • Living with dementia • Of pensionable age • Living with children under 5 	<ul style="list-style-type: none"> • Experiencing mental health issues • Living with learning difficulties • Unable to speak English • Vulnerable because of a life-changing event (things like: an operation, pregnancy, or bereavement).
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How can the PSR help?

We’ll work out exactly how to support you when you apply, but here are some of the things we can do:

Give you notice if we know about a planned power cut

which is especially important if you have medical equipment that needs powering.

Send your Boost bills in braille or large print

or send duplicates of your bills to a friend, carer, or family member.

Move your prepayment meter if possible, so that it's easier to reach

if you're disabled or chronically sick.

Provide a free Gas Safety Check

if you're eligible to receive one.

Arrange a password for engineers to give you

before you let them enter your home.

About your personal info...

When you sign up to PSR, you're consenting to your data being stored on our secure systems. We'll never share it with anyone for marketing purposes (so you won't receive sales calls). But sometimes we'll share it with those who supply and maintain the supply of electricity, gas and water to your home, including:

- Meter operators.
- Engineering partners.
- Network operators.
- Water and sewerage companies.

You can tell us not to share your data, but it means we might not be able to meet your needs. For example, in the event of a power outage, we couldn't tell a network operator to prioritise your power should you need it. We also couldn't include you in our password scheme or give you a Gas Safety Check.

You can read more about how we protect your sensitive personal data through our PSR, and more generally, at boostpower.co.uk/privacy-policy but let us know if you need a paper copy.

By ticking this box and signing below, you're giving us consent to share your data in the way we've just mentioned (as per our privacy policy).

Got a question?

Our friendly team are on hand to help – so just call us Monday to Friday 8am - 6pm, Saturday 9am - 1pm on:

0330 102 7517.

Thanks,

The Boost Team

Account Details

Boost Account
Number [required]

Postcode [required]

Vulnerabilities

Tick the boxes to let us know if any of the following apply to yourself or anyone living in the property:

- | | |
|---|--|
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Unable to answer door | <input type="checkbox"/> Hearing Impairment (inc. Deaf) |
| <input type="checkbox"/> Additional presence preferred | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Partially sighted | <input type="checkbox"/> Developmental condition |
| <input type="checkbox"/> Poor sense of smell/taste | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Dementia(s)/Cognitive impairment | <input type="checkbox"/> Unable to communicate in English |
| <input type="checkbox"/> Chronic/serious illness | <input type="checkbox"/> Medically dependent showering/bathing |
| <input type="checkbox"/> Pensionable Age (65+) | <input type="checkbox"/> Water dependent |
| <input type="checkbox"/> Restricted hand movement | |

Temporary - Please indicate when these vulnerabilities are likely to no longer apply

- | | |
|---|--|
| <input type="checkbox"/> Life Changes (e.g. Bereavement/Pregnancy)
Review Date _____ | <input type="checkbox"/> Post Hospital Recovery
Review Date _____ |
| <input type="checkbox"/> Young Adult Householder (<18)
Review Date _____ | <input type="checkbox"/> Children 5 or under
Review Date _____ |

Electricity Dependency

Please provide details if you have any of the following in your home, which a resident relies on:

- Oxygen concentrator
- Stair Lift/Hoist Electric bed
- Heart/Lung or Ventilator machine
- Dialysis, feeding pump or automated medication
- Nebuliser or Apnoea monitor
- MDE electric showering
- Careline/telecare system

Medicine refrigeration

Oxygen Use

Please provide a phone number for our partners to contact you if you have an electricity dependency:

Requested Services

Alternative formatted communications:

Letter (A4)

Black and white letter (A4)

Large print letter (A3)

Large print letter (A3) in black and white

Audio

Braille

Alternative language, please specify: _____

Other services:

Regular meter readings (available for non-smart credit meter customers only. Readings every 3-6 months)

Movement of prepayment meter to support access

If you would like engineers/meter readers to use a password when visiting the property, please write this in the boxes below. Passwords must only include letters (not numbers) and be no longer than **6 letters**. We kindly request that you do not use profanities or swear words as these will not be accepted by our partners.

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Annual Gas Safety Check Service

In order to qualify for a free gas safety check you must satisfy the following criteria. **All** of these:

I have not had a gas safety check in the past 12 months

I own my own home

I receive a means-tested benefit

AND at least one of these

I live with others, at least one of whom is under five years old

I am of pensionable age, disabled or chronically sick and live alone

I live with others who are of pensionable age, aged 18 or under, or are disabled or chronically sick

Appliances to be checked:

Appliance	Number in property
Gas Boiler	
Gas Cooker	
Gas Hob	
Gas Fire	
Other	

Duplicate bill/statement to a nominated friend or family member

Complete this section if you require a friend or family member to receive duplicate copies of your bills and statements. Please note that this person will not be named on your account so they will not be allowed to discuss your account with us and they won't be deemed financially responsible.

Title of friend/family member	
First Name of friend/family member	
Surname of friend/family member	
I would like the copies to be sent by: Email / Post (delete as appropriate)	
Email Address of friend/family member	
Postal Address of friend/family member	Postcode:

Sharing your data

We'll store all your information on our secure systems and never share it with anyone who might use it for marketing. But we may need to share it with third parties who help with your care (for example, engineers who could come to your home in the event of a power loss). You can read more about how we look after your data at boostpower.co.uk/privacy-policy or let us know if you need a paper copy.

By ticking this box and signing this form you consent to us sharing your data in this way/as per our privacy policy.

Signature: _____

Date: _____

Please return via post or email to:

Boost
1 Rivergate
Temple Quay
Bristol
BS1 6ED

hello@boostpower.co.uk