



No postage stamps necessary if posted in Republic of Ireland

۲

Leopardstown, Dublin 18. Register for Priority Services Register FREEPOST SSE Airtricity, Red Oak South, South County Business Park,

۲



۲

۲

Planned Electricity Service Interruptions

In order to carry out upgrades or repairs to the electricity network, it is sometimes necessary to disconnect part of the network to do this work safely. ESBN will contact you at least three days before a planned outage by post or SMS text. This gives you time to make alternative arrangements if you need to, as some planned outages may last for a number of hours.

Fault Electricity Service Interruptions

ESB Networks have technicians based all around the country on standby to deal with any faults that occur. If you're critically dependent on electrical medical equipment, and are registered as vulnerable with your supplier, ESBN will provide the following support:

If you call their Customer Contact Centre you will receive priority and will be answered by the next available agent. In extreme fault situations (e.g. storms) where you have provided a current phone number, you will receive a text or landline call with relevant information.

Tips on how to Prepare

If you are dependent on electrical medical equipment, you can prepare for a power outage by:

- Discussing with your district nurse or HSE representative how your medical equipment works
- Make sure your battery backup is fully charged
- Put a plan in place to move to another location if required

Account Holder Details		
Name	Account Number	
Address		
Email		
DOB / /	Phone MPRN/GPRN	
Nominated Contact Person (optional)		
Name	Relationship	
Address		
Phone	Email	
By signing the below I am giving my consent to act as a contact for the account holder above		
Signature		

Equipment Type (applies to ANYONE livi		
Oxygen Concentrator	Perso	
Home Dialysis	Peg T	
Electric Hoist	Electr	
CPAP Machine	Total	
Other		

Authorisation Details

doctor. This form needs to be signed AND stamped by your doctor. If this is not provided we can not accept your Priority registration form.

Doctors Signature:

this form signed or stamped.

Yes No (Please Tick)

Declaration

industry Priority Services Register.

Signature of Person Requiring Service

holder or nominated contact person has permission to sign on their behalf (please tick)

also have your communications sent to this person by post or email, if required.

Signature of Account Holder or Nominated Contact Person

