



Life Support Equipment Customers

As of March 2025



1300 924 140



sales@changeenergy.com.au



CHANGEENERGY

Life Support Customers

Planned and unplanned outages

There are times when Western Power may need to interrupt your power supply for essential maintenance or upgrades. Once registered, Western Power will notify you in writing (minimum of three business days) before any planned outage.

Unplanned outages can also happen due to unexpected events like traffic accidents, severe weather, or bushfires. Whether the power outage is planned or not, we recommend having an action plan in place to ensure that your life support equipment continues to function properly.

Practical advice

- Always have an alternative power source nearby - such as a backup battery system or generator
- Keep emergency phone numbers handy - your doctor, fire department, police and ambulance services
- Know the location of your nearest hospital
- Have a phone available that isn't reliant upon mains power
- Have spare batteries available - operated radio and torch
- During a weather event - listen to the radio to keep up with the latest weather conditions
- Be prepared to leave your home for extended outages

If your power goes out unexpectedly, call Western Power on 13 13 51

Register as a life support customer

- 01 Contact Change Energy to complete a life support equipment registration form.
- 02 Visit your doctor - they will need to fill in part of the registration form.
- 03 Return the completed form to Change Energy to submit to Western Power.
- 04 Inform Change Energy if any of your details change.

For more information please visit <https://www.westernpower.com.au/issues-enquiries/become-a-sensitive-customer/life-support-equipment-customers/>



Life Support Equipment Registration



Please return the completed application to Change Energy via email to: sales@changeenergy.com.au.

Complete all fields, obtain medical authorisation (as per Section 4), sign the form, and then email the completed form; incomplete forms will not be accepted.

Section 1: Change Energy Account Holder ("Applicant")

The Change Energy Account Holder will be the primary contact for all life support equipment matters in this application unless the Account Holder authorises an alternative primary contact.

Change Energy Account number: _____ NMI/Meter number: _____

First Name: _____ Surname: _____ Date of birth _____

Contact phone number: _____ Mobile number: _____

Email: _____

Address where life support equipment is being used:

Unit No.: _____ Building/House No.: _____

Street Name: _____

Suburb: _____ Postcode: _____

Postal address (if different to above) _____

Contact phone number: _____ Mobile number: _____

Email: _____

Section 2: Person requiring life support equipment at the supply address (Patient)

The Patient will not be contacted by Change Energy unless authorised by the primary contact.

Is the Account Holder detailed above also the Patient?

First Name: _____ Surname: _____

Date of birth _____ Relationship to Account Holder _____

Life Support Equipment Registration



Section 3: Declaration and Consent("Applicant")

I hereby declare that:

1. I am the Applicant named above.
2. All information provided on this life support equipment application is, to the best of my knowledge and belief, true, accurate and not misleading.
3. I will immediately notify Change Energy in writing if life support equipment is no longer required at the supply address.
4. I will immediately notify Change Energy of any changes to the contact details specified in Section 1.
5. I consent to Change Energy providing information concerning me, the patient and/or this application to the network operator, Western Power, and relevant government agencies for purposes related to this life support equipment application.
6. I consent to Change Energy contacting the patient's medical practitioner detailed in Section 4 in relation to this life support equipment application and to that medical practitioner disclosing any relevant information or records concerning the patient to Change Energy for those purposes.
7. I acknowledge and understand that I will be required to renew this life support equipment application annually (without requiring production of medical certification unless requested) and every three years (with medical certification).
8. I acknowledge that life support equipment applications which are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for appropriate action.

Signature of Applicant: _____ Date: ____/____/____

Life Support Equipment Registration

Section 4: Medical Authorisation by Medical Practitioner

This section must be completed by an appropriately qualified Medical Practitioner (please indicate which):

Within the Perth Metropolitan Area

- A specialist medical practitioner, a respiratory or sleep specialist, a paediatrician, a hospice doctor, or a practitioner working in a specialist department of a hospital;

Outside of the Perth Metropolitan Area

- A Doctor or General Practitioner who also works on an occasional basis from a local hospital or rural health service.
- A Specialist Medical Practitioner or Practitioner working in a specialist department of a hospital or a hospice doctor.

Medical Practitioner Declaration

Medical Practitioner name: _____ Medical Practitioner no.: _____

Name of Hospital/Hospice/Rural Health Service (as applicable): _____

Position title: _____

Phone no. : _____ Stamp (if available) : _____

I certify that I have prescribed the following equipment to _____

(name of patient on life support equipment at the address specified on this application requiring electricity necessary for the continuation of life). I consent to Change Energy contacting me concerning the patient and/or this certification.

Signature of Medical Practitioner: _____ Date: ____/____/____

Life Support Equipment Registration

Please complete all of the relevant fields in the table below

Equipment	Yes/No
Apnoea monitor (Child only*)	
<p>CPAP Machine</p> <p>(Adult) - Only when clinically prescribed for obesity hypoventilation syndrome, tracheomalacia, obstructive sleep apnoea with sleep hypoventilation or other life threatening disease as determined by a specialist, with usage over four hours per night.</p> <p>(Child*) - Only when clinically prescribed for severe obstructive sleep apnoea, tracheomalacia or other life-threatening disease as determined by a specialist.</p>	
Feeding pump	
Heart pump	
Machine assisted peritoneal dialysis equipment	
<p>Nebuliser</p> <p>(Adult) - Only when a tracheostomy is expected to be in place for more than 6 months and nebulised therapy is required for life support purposes.</p> <p>(Child*) - Only when used for 1-2 hours per day.</p>	
Oxygen concentrator - standard capacity (Adult only)	
Oxygen concentrator – high capacity ‘New Life Intensity’ (Adult only)	
Oxygen concentrator (Child only*)	
Suction pump	
Ventilator – VPAP or BPAP machines	

**Child – A child is defined as being under the age of 16 years.

Life Support Equipment Registration

IMPORTANT INFORMATION

1. If you do not return this completed application form including medical certification, Change Energy is unable to register your supply address as requiring life support equipment.
2. Applications that are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for appropriate action.
3. If you are a concession cardholder, you may be eligible for the Life Support Equipment Energy Subsidy Scheme with the Office of State Revenue (OSR). Application forms can be obtained from www.finance.wa.gov.au or by phoning the Energy Subsidies enquiry line on (08) 9262 1373

Collection of Information

To assist us to provide you with services, we need to collect personal and credit information about you. We may disclose this information to other parties (who may be located overseas); including third party providers and credit reporting bodies and may also use your information for direct marketing purposes. We will collect, use and disclose this information in accordance with our privacy policy (which includes our credit reporting policy), and which, explains your rights to access and correct any information we store about you, report a privacy breach and opt out of receiving direct marketing. Our privacy policy is available at <https://changeenergy.com.au/privacy-policy/> or call us on 1300 924 140.

We may also disclose your credit information to credit reporting bodies (CRBs) such as information about overdue payments. Our privacy policy also includes important information about credit reporting such as the details about the CRBs to whom we may disclose your credit information, the information that CRBs hold, and how you can request CRBs not to use or disclose your information for pre-screening or when you consider yourself to be victim of fraud. You can request a copy of a statement setting out the important credit reporting information by contacting us.

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