

Priority Customer Register

For additional help and support you can contact us on 03330 146 466 or email: enquiries@fulcrumea.co.uk

Completed forms and plans can be posted to:

Fulcrum Electricity Assets Limited, 2 Europa View, Sheffield Business Park, Sheffield, S9 1XH

<h2>Your details</h2> <p>(Please PRINT IN BLOCK CAPITALS)</p>	Mr / Ms / Mrs / Miss <i>(delete as applicable)</i>	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Updating information
	Name: _____		
	Address: _____ _____		
	Post code: _____		
	Phone: _____		Mobile: _____
	Email: _____		

<h2>Nominated Contact</h2>	If you would like to nominate a friend or family member to be your contact, please provide their name and a contact number. We will contact them on your behalf if we are unable to reach you.
	Nominated contact name: _____
	Contact number: _____

Please select the reason(s) you wish to be included on our Priority Customer Register	<input type="checkbox"/> Nebuliser	<input type="checkbox"/> Heart/Lung Machine	<input type="checkbox"/> Kidney Dialysis
	<input type="checkbox"/> Apnoea Monitor	<input type="checkbox"/> Other medical dependency on electricity	<input type="checkbox"/> Stair Lift
	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Bath Hoist
	<input type="checkbox"/> Speech Difficulties	<input type="checkbox"/> Foreign language speaker	<input type="checkbox"/> Learning Difficulties
	<input type="checkbox"/> Dementia	<input type="checkbox"/> Other (please give brief details below)	<input type="checkbox"/> Oxygen Concentrator
	<input type="checkbox"/> Elderly (60+)	<input type="checkbox"/> Partially Sighted	<input type="checkbox"/> Blind
	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Disabled	<input type="checkbox"/> Restricted Movement

<h2>Additional Information</h2>	On receipt of your application form we will ring you to confirm some additional information and see if you wish to register a password with us. Please indicate the best time for us to call you.		
	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening