

The Boost logo consists of the word "boost" in a bold, lowercase, yellow sans-serif font, centered within a solid black rectangular background.

Boost  
1 Rivergate  
Temple Quay  
Bristol BS1 6ED

hello@boostpower.co.uk  
www.boostpower.co.uk

Date:

## **boost - Priority Services Registration**

Please complete and return the application enclosed to provide your details to Boost. Based on the information provided, your details will be added to our Priority Services Register.

The Priority Register contains your personal information and we want to make sure you know that anything you provide here will be treated in the strictest confidence. This information is vitally important to ensure that you receive the correct services both from Boost directly, and when appropriate, the third parties which support your supply itself. By submitting this form you consent to Boost storing the information you have provided within our secure systems to allow us to support you.

There are additional benefits associated with sharing this information with relevant third parties, those that would attend your property in the case of loss of energy supply or to read your meter, however we require your permission to pass your details on before we would do this. Rest assured the purpose of this would be to ensure they are able to support you correctly, and your details will Not be used for any marketing purposes

If you have any questions or require any assistance please don't hesitate to contact the team on:

**0800 5999 440**

Kind Regards

The Boost Team

Boost  
1 Rivergate  
Temple Quay  
Bristol  
BS1 6ED

*\*Please ensure that you keep Boost updated with any changes to your details or requirements.*

**Personal Details**

Title	
First Name	
Surname	
Address	
Post Code	

**Contact Details**

Boost Account * Number	
Mobile Number	
Landline Number	
Email Address	

\* Mandatory information

Please provide at least one of the three contact options as these may be required to fulfill some of the requested services.

## Special Requirements:

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

- Physical Impairment:       Restricted Hand Movement:       Receiving Carer Services:   
Restricted Movement/unable to answer door:       Additional Presence Preferred:   
Visually impaired:       Blind:       Hearing/Speech Difficulties (inc Deaf) :   
Poor sense of smell:       Developmental Condition:       Dementia:   
Mental Health:       Chronic/Serious Illness:   
Temporary - Life Changes (eg. Redundancy/bereavement):   
Temporary - Post Hospital recovery:   
Temporary - Young Adult Householder (under 18yrs):

\*If you have selected a Temporary option, please provide a date for review \_\_\_\_\_

- Pensionable age (60+)       Family with young children (under 5)       Single Parent:   
Unemployed:       Low household Income (under £16,190 p.a):   
No Gas Supply:   
Unable to communicate in English:  (Please specify preferred language)

\_\_\_\_\_  
(We can provide communications in a range of languages including English, Welsh, Polish, Slovak, Czech, Urdu, Punjabi, Russian, Spanish, Turkish, Portuguese, Bengali and French)

## Electricity Dependency

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

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

**Requested Services :**

Please tick the service(s) that are of interest:

- Regular Meter Reads  Moving a Prepayment meter due to inaccessibility:
- Talking bills/Correspondence:  Large print bill/correspondence (A3):
- Black and White Correspondence:  Braille Correspondence:
- Regular Paper Correspondence(A4):  \*Please note that if you select this option and have an Online only account a £5 per quarter charge will be applied to your account

If you would you like our Meter Readers and Engineers to use a password when visiting your property please provide here : \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (Please note that a maximum of 6 characters is permitted)

Annual Gas Safety Check:  (If selected please fill in the additional information below)

**Annual Gas Safety Check Service:**

Please select all that apply below to confirm eligibility for this service:

I have not had a Gas Safety check within the last 12 months 

OR

The date of my last Gas safety check was : \_\_\_\_\_

I do Not live in a rented property: I am currently in receipt of a means tested benefit: I live with others, at least one of which is under 5 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: 

Please tell us which of the following gas appliances will need to be checked:

Gas Boiler :  Number of appliances : \_\_\_\_\_Gas Cooker :  Number of appliances : \_\_\_\_\_Gas Hob :  Number of appliances : \_\_\_\_\_Gas Fire :  Number of appliances : \_\_\_\_\_Other :  (Please Specify) \_\_\_\_\_

Would you like a Third Party Representative to receive duplicates of your statements? If so please fill out the form below.

### **Duplicate Bill/Statement to a nominated third party Service:**

Please complete this section if you require another person 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 or deemed financially responsible.

Communication Format	(Email or Postal - please ensure you have provided the details below)
Title	
First Name	
Surname	
Address	
Post Code	
Mobile Number	
Landline Number	
Email Address	
Relation To Ac Holder	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Just so you know, Priority Services are also available through your water company.

Please return via post to:

Boost  
1 Rivergate  
Temple Quay  
Bristol  
BS1 6ED

Or email your completed form to: [hello@boostpower.co.uk](mailto:hello@boostpower.co.uk)