

PSR Register Application form

This form can be used for initial registration or to provide updated details.

Before completing this form, please check that you are connected to an Indigo Power Network.

Please note: we will not use your details nor the information you provide for marketing purposes. We may share your information with your electricity supplier and any contractors or emergency responders as we work together to provide priority services, including the managing and delivering of information regarding planned and unplanned interruptions to your electricity supply, advice relating to precautions and advice you can take in the event of an interruption and to provide services and support should an interruption or outage occur.

We will only share your information when it is necessary to do and is relating to health and safety, in an emergency or we are required by law to do so.

How to register

You can register for the Priority Services Register by completing our online application form: www.indigonetworks.co.uk

You can request an electronic application form by contacting us at:

indigopower@indigonetworks.co.uk

Scan the QR code for an electronic version

Or by completing the below application form and returning to: check address for forms to be sent to; PSR Team: 200 Brook Drive, Green Park, Reading. RG2 6UB.

Scan Below:



Priority Service Application Form.

Please advise what your household needs are by completing the below Priority Services Register application form.

Please use the notes box to highlight any additional requirements or additional considerations that we should be aware of.

Title		First Name		Last Name	
Email					
Mobile		Alternate Phone Number			
Address					
Address					
Town / City		Region / County			
Postcode					

Please select all of the below that are applicable to you or your household:

- | | | | |
|--|-----------------------|---|-----------------------|
| 1. Nebuliser and apnoea monitor | <input type="radio"/> | 24. Careline/telecare | <input type="radio"/> |
| 2. Heart, lung & ventilator | <input type="radio"/> | 25. Medicine refrigeration | <input type="radio"/> |
| 3. Dialysis, feeding pump and automated medication | <input type="radio"/> | 26. Oxygen Use | <input type="radio"/> |
| 4. Oxygen concentrator | <input type="radio"/> | 27. Poor sense of smell/taste | <input type="radio"/> |
| 8. Blind | <input type="radio"/> | 28. Restricted hand movement | <input type="radio"/> |
| 9. Partially sighted | <input type="radio"/> | 29. Families with young children 5 or under | <input type="radio"/> |
| 12. Stair lift, hoist, electric bed | <input type="radio"/> | 30. Mental health | <input type="radio"/> |
| 14. Pensionable age | <input type="radio"/> | 31. Additional presence preferred | <input type="radio"/> |
| 15. Physical impairment | <input type="radio"/> | 32. Temporary - Life changes | <input type="radio"/> |
| 17. Unable to communicate in English | <input type="radio"/> | 33. Temporary - Post hospital recovery | <input type="radio"/> |
| 18. Developmental condition | <input type="radio"/> | 34. Temporary - Young adult householder | <input type="radio"/> |
| 19. Unable to answer door | <input type="radio"/> | 35. Hearing impairment | <input type="radio"/> |
| 20. Dementia(s)/Cognitive impairment | <input type="radio"/> | 36. Speech impairment | <input type="radio"/> |
| 22. Chronic/serious illness | <input type="radio"/> | 37. Water dependent | <input type="radio"/> |
| 23. Medically dependent showering/bathing | <input type="radio"/> | | |

Would you like to set up a password that can be used to verify our staff on site or allow a nominated contact to speak to us on your behalf? Yes No

Safety Password	
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Would you like to provide a nominated contact that we are authorised to speak to you on your behalf? Yes No

Contact Name	
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Above Relationship	
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Contact Email	
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Contact Phone Number	
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Additional Information	
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This form is available in other formats. If you require a copy in Braille, large print or an alternative language, please let us know.