



# Priority Services Application Form

By completing this document, signing the declaration and returning it to us you are consenting to say that you would like to be added to the Affinity Water Priority Services Register. You are also confirming that you are happy for Affinity Water to securely hold and process your contact information and information about your needs. This may include limited medical information you have provided in order to receive additional support from us.

Fill in this form in CAPITAL LETTERS and black ink only. Please write only within the white boxes.

**Customer Reference Number:**

**Contact Details**

Title:

Name:

Surname:

Supply Address:

Line 1

Line 2

Line 3

Postcode:

Contact telephone:

Email Address:

This contact information will be used to link your needs and our services. It will be held securely on our customer system and will be accessible to Affinity Water employees and trusted partners for providing you with clean, safe water.

## Registration Details

Is the registration for you or someone else in your household?

Put a cross (X) in the relevant box

Myself     Someone else

Registration on behalf of

Title: 

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Name: 

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Surname: 

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Contact telephone: 

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Email Address: 

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## Priority Services Requirements

### Expiry Date

Please enter an expiry date if you want to be added to the Priority Services Register for a limited period only.

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Please tick all of the following that apply to you or someone else in your household:

If you are updating a previous registration, please ensure you tick all requirements

#### Visual impairment

(Please indicate what service you would like)

- Large print bills
- Braille bills
- Audio CD bills

Speech difficulties

Mobility restrictions

Medical dependency on water including dialysis

Mental health condition

Hearing impairment

Learning difficulties

Chronic/Serious illness

Developmental condition

Elderly

Dementia

Help if my water supply is interrupted for a prolonged period

## Priority Services Additional Details

### Password scheme

This is a scheme to help vulnerable customers and to deter bogus callers. We ask customers to choose a password that we will use if we need to visit.

Please tick if you would like us to use a password when we visit you

I would like my password to be:

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Please write your password down somewhere safe so you remember it. Affinity Water is committed to preventing bogus callers.

### Declaration

I confirm that I would like to be added to the Affinity Water Priority Services Register and I consent for my medical information to be processed as part of the registration for the Priority Services Register.

If the registration is for someone else in my household, I confirm I have obtained their consent for their medical information to be used processed, and they have signed the application form.

**Signature** - (keep within the border)

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Date:                      Day                      Month                      Year  

		/			/				
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Please ensure the person requiring support signs this form. Note this may be different from the account holder.

# Account Management

Do you wish to nominate someone else to contact us on your behalf?

Y /  N

For **account management** please tick and provide details

Title:

Name:

Surname:

I would like my bill and correspondence sent to this person on my behalf

Address:

Line 1

Line 2

Line 3

Postcode:

Contact telephone:

Email Address:

**Signature** - (keep within the border)

Date:   /   /

Please ensure that this form is signed by the account holder.

### Supply Interruptions

Do you wish to nominate someone else to contact us on your behalf regarding Supply interruptions?

 Y /  N

If you wish to nominate a different person for **Supply Interruptions**, please tick here and provide details below:

Title:

Name:

Surname:

Address:

Line 1

Line 2

Line 3

Postcode:

Contact telephone:

Email Address:

**Signature** - (keep within the border)

Date:  Day /  Month /  Year

Please ensure that this form is signed by the account holder.