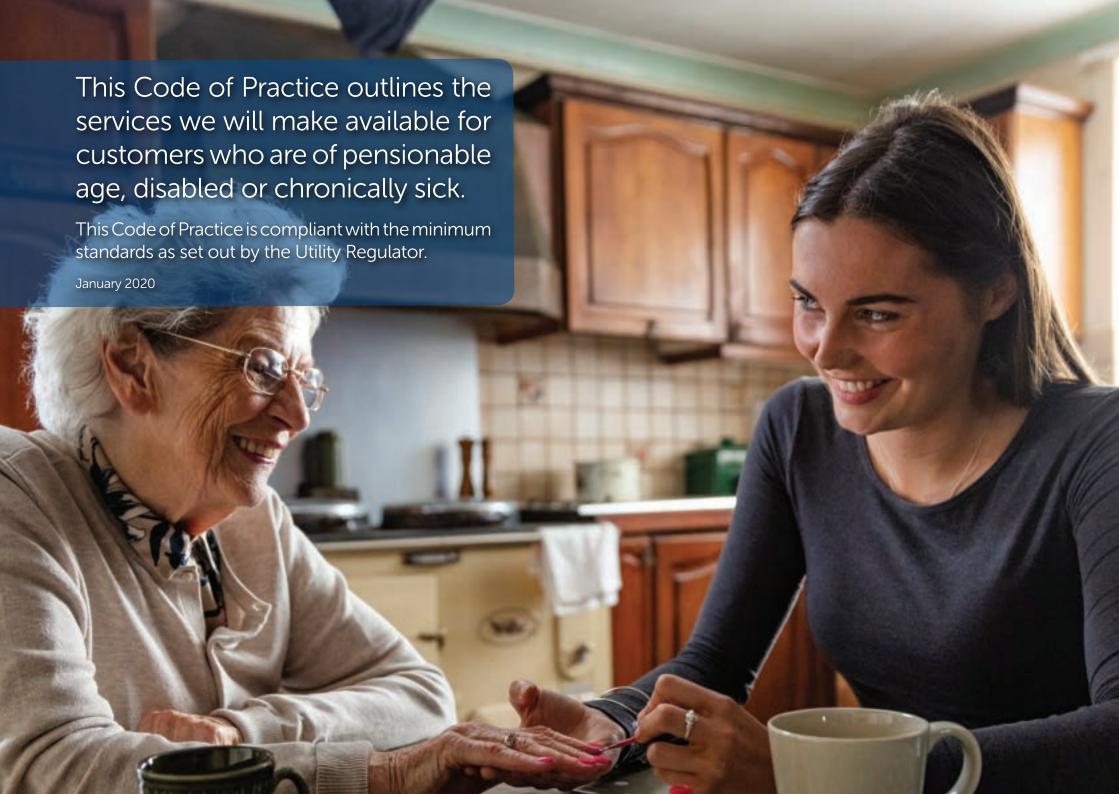




Code of Practice
on the Provision of Services for
Persons who are of Pensionable Age,
Disabled or Chronically Sick





At SSE Airtricity we're committed to meeting the needs of our customers, especially those with individual needs. The SSE Airtricity Energy Care Scheme provides you with a range of additional services suitable to your individual circumstances.

## SSE Airtricity Energy Care Scheme

You can register for the scheme if you are of pensionable age, disabled (including those who are blind, partially sighted, deaf or hearing impaired), or chronically sick. As an SSE Airtricity customer we will remind you annually of the existence of the scheme and what you need to do if you wish to register, so that if your circumstances change we have you covered.

## **Services Provided**

As part of the SSE Airtricity Energy Care Scheme, we will, where reasonable, practicable and appropriate, provide the following services free of charge:

#### **Password Scheme**

While all our employees carry a company Identity Card, the Password Scheme is designed to give you additional reassurance during home visits. We can arrange for our staff, such as Meter Readers, to use a password during home visits which we will agree with you in advance.

#### **Nominated Contact**

If someone else looks after your finances, or you have difficulty reading your bills, with their agreement we can arrange to send your bills to your nominated person in addition to a copy of the bill sent to you if requested.

#### **Alternative Format Communications**

We want to make sure everyone can access the products and services we offer. If you are blind, partially sighted, deaf or hearing impaired, we can provide communications in alternative formats including Braille, Large Print or Audio Format. This will include as a minimum, our Terms and Conditions, Codes of Practice, Complaints Procedure, and Billing information.

4

#### **Special Control Taps or Adaptors**

We've special control taps and adaptors for customers who have problems using their natural gas appliances. Simply let us know what difficulties you're having, and we can advise what we have available.

#### **Meter Exchange**

Prepayment meters may have limited suitability for customers with individual needs. If you are having difficulty using your Prepayment meter, we'll work with you to agree an alternative arrangement for payment. Meter Exchanges will be carried out by the Network Operator.

#### **Meter Movement**

If you find it difficult to access your meter, we'll do our best to move it to a more suitable position. This may be subject to a technical survey and in rented accommodation may also be subject to agreement by your landlord. Meter Movements will be carried out by the Network Operator.

#### **Quarterly Meter Reading**

We'll try to read Credit meters four times a year and Prepayment meters twice a year. However, if you or no one else in the household can read the meter, we can arrange to read it for you every quarter and notify you of the reading.

#### Free Natural Gas Safety Check

If you own your own home, we'll arrange for a free annual safety check of your gas appliances upon request where all occupants of the household are either of pensionable age, disabled, chronically sick or under the age of 18. This doesn't apply to rented accommodation, where the landlord is responsible for the annual inspection in accordance with the Gas Safety (Installation and Use) Regulations (Northern Ireland) 2004.

The safety check will be carried out by a Gas Safe registered engineer to confirm the gas appliances in your home are safe. If further work is required, there may be a charge for this. Any further work must be carried out by a Gas Safe registered engineer who should provide you with a quote before the work is carried out.

If the Gas Safe registered engineer discovers that an appliance or installation could be dangerous, they may have to shut off the gas supply until the problem is fixed. This will only be done where it is necessary to protect your safety and you will always be told about it and the reason why.

The safety check is not a substitute for having your gas appliances serviced regularly. Gas appliances should be serviced in line with the manufacturer's instructions to ensure they run safely and efficiently by a Gas Safe registered engineer.

#### **Special Advice**

We will provide advice on the use of gas appliances and other gas fittings, where appropriate.

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## Get in Touch

To register for the SSE Airtricity Energy Care Scheme, or if you have an enquiry or complaint about our service, get in touch with our Customer Service Team by:

C Phone: **0345 900 5253** 

Monday to Thursday 8.30am to 7pm and Friday 8.30am to 4.30pm (calls charged at local rate)

Email: info@airtricitygasni.com

Website: airtricitygasni.com

Post: SSE Airtricity Gas Supply (NI) Limited, 25 Great Victoria Street, Belfast, BT2 7AQ.

Or complete and return the enclosed Application Form.

Once registered, we will record details of your individual needs on the Energy Care Register. The register is completely confidential except for information we share with third parties in accordance with our Privacy Notice so we can provide you with the services offered as part of the scheme. A copy of our Privacy Notice is available on our website at **airtricitygasni.com** or can be provided free of charge upon request. From time to time we may contact you to request information to keep the register up to date.

## **Disconnections**

We'll never disconnect the supply of an SSE Airtricity Energy Care customer in any month from October to March where all occupants of the household are either of pensionable age, disabled, chronically sick or under the age of 18, where the customer hasn't paid their bill.

We'll also take all reasonable steps to avoid disconnecting the supply to a household during this period where the occupants include a person who is of pensionable age, disabled or chronically sick and the customer hasn't paid their bill.

#### **Alternative Formats**

A copy of this Code of Practice is available on our website at **airtricitygasni.com** or can be provided free of charge upon request. This Code of Practice is also available in alternative formats including Braille, Large Print or Audio Format.

## **Useful Contacts**

We have Useful Contact Information which you may find helpful available on our website at **airtricitygasni.com** or by getting in touch with our Customer Service Team.

9

# SSE Airtricity Energy Care Scheme Application Form

| Title First name Last name Address  Phone number   ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled  Test No.   Yes   Yes   Yes   No.   Yes   Yes   Yes   No.   Yes   Yes   Yes   Yes   No.   Yes   Y | Customer Reference N     | lumber (found at the top of your gas bi | ill)      |           |
|--|--------------------------|---|-----------|-----------|
| First name Last name Address  Phone number  ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled  |                          |   |           |           |
| First name Last name Address  Phone number  ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled  |                          |   |           |           |
| Last name Address  Phone number  ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled   |                          |   |           |           |
| ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled  ARE YOU: No   |                          |   |           |           |
| Phone number  ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled  Yes No  Yes No  Yes No  Yes No  Yes No  No  Yes No  No  Yes No  No  Yes No  |                          |   |           |           |
| ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled  Yes No N  | Address                  |   |           | $\neg$    |
| ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled  Yes No N  |                          |   |           | $\exists$ |
| ARE YOU: of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD Of pensionable age Disabled  Yes No N  | Phone number             |   |           | -         |
| of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  PLEASE ALSO TELL US IF YOU ARE:  Blind or visually impaired Yes No N  | Thoric namber            |   |           |           |
| of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  PLEASE ALSO TELL US IF YOU ARE:  Blind or visually impaired Yes No N  |                          |   |           |           |
| of pensionable age Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  PLEASE ALSO TELL US IF YOU ARE:  Blind or visually impaired Yes No N  | ADE VOLL                 |   |           |           |
| Disabled Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired  Deaf or hearing impaired Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD  Of pensionable age Disabled  |                          |   | Voc No    | ٦         |
| Chronically sick  PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired  Deaf or hearing impaired  Have a mobility difficulty  Have a speech difficulty  Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS  LIVING IN YOUR HOUSEHOLD  Of pensionable age  Disabled  |                          |   |           | +         |
| PLEASE ALSO TELL US IF YOU ARE: Blind or visually impaired  Deaf or hearing impaired  Have a mobility difficulty  Have a speech difficulty  Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS  LIVING IN YOUR HOUSEHOLD  Of pensionable age  Disabled  Yes No  |                          |   |           |           |
| Blind or visually impaired  Deaf or hearing impaired  Have a mobility difficulty  Have a speech difficulty  Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS  LIVING IN YOUR HOUSEHOLD  Of pensionable age  Disabled  Yes No  | Critorically sick        |   | 100       | _         |
| Deaf or hearing impaired  Have a mobility difficulty  Have a speech difficulty  Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS  LIVING IN YOUR HOUSEHOLD  Of pensionable age  Disabled  Yes No  | PLEASE ALSO TELL US      | IF YOU ARE :                            |           |           |
| Deaf or hearing impaired  Have a mobility difficulty  Have a speech difficulty  Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS  LIVING IN YOUR HOUSEHOLD  Of pensionable age  Disabled  Yes No  | Blind or visually impair | ed                                      | Yes No    | 7         |
| Have a mobility difficulty Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD  Of pensionable age Disabled  Yes No N  |                          |   | Yes No    |           |
| Have a speech difficulty Have difficulty in using your hands  DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD  Of pensionable age Disabled  Yes No N   | •                        |   | Yes No    |           |
| DO YOU LIVE ALONE  IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD  Of pensionable age Disabled  Yes No   | •                        | -                                       | Yes No    |           |
| IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD  Of pensionable age Disabled  Yes No  | Have difficulty in using | your hands                              | Yes No    |           |
| IF NO, ARE ANY OF THE OCCUPANTS LIVING IN YOUR HOUSEHOLD  Of pensionable age Disabled  Yes No  |                          |   |           | 7         |
| LIVING IN YOUR HOUSEHOLD  Of pensionable age  Disabled  Yes No   | DO YOU LIVE ALONE        |   | Yes No    | _         |
| Of pensionable age Disabled  Yes No  | IF NO, ARE ANY OF TH     | E OCCUPANTS                             |           |           |
| Disabled Yes No  | LIVING IN YOUR HOUS      | SEHOLD                                  |           | 7         |
| Disabled   |                          |   |           | -         |
| Claus reiselle viele   |                          |   |           | -         |
| Chronically sick Yes No Under the age of 18 Yes No   | •                        |   |           | +         |
| orider the age of 16   | Officer the age of 18    |   | 162 110   | _         |
| If all accumants of your bousehold are either of pensionable are   | If all occupants of ver  | ur bousehold are either of session      | nable age | 7         |
| If all occupants of your household are either of pensionable age, disabled, chronically sick or under the age of 18, tick this box   |                          | •                                       | •         |           |

| PASSWORD SCHEME  If you would like to use the Password Scheme, please confirm your chosen password   |
|--|
| FREE NATURAL GAS SAFETY CHECK You qualify for a Free Natural Gas Safety Check if you own your own home and all occupants of your household are either of pensionable age, disabled, chronically sick or under the age of 18. If you live in rented accommodation, the landlord is responsible for the annual inspection. |
| Do you qualify for a Free Natural Gas Safety Check?  If yes, and you would like us to arrange a Free  Natural Gas Safety Check, tick this box  |
| PROOF OF APPLICATION  You are required to provide one form of proof to confirm that you meet the criteria  |
| to register for the scheme.  |
| - AGE; A copy of your Birth Certification, Passport or Driving Licence;  |
| - DISABILITY OR CHRONIC SICKNESS; A copy of a GP's letter confirming your condition or a letter confirming you are in receipt of a state disability benefit.   |
|  |

Signature

Date D D