



SSE Airtricity Energy Care Scheme

At SSE Airtricity we are committed to meeting the needs of our customers, especially those with specific requirements.

For this reason we have established the SSE Airtricity Energy Care Scheme to provide you with a range of additional services appropriate to your individual circumstances.

The SSE Airtricity Energy Care Scheme is designed for our customers who are:

- **Of pension age;** or
- **Disabled** (including those who are deaf or blind); or
- **Terminally ill;** or
- **Chronically sick**

To register for the Energy Care Scheme you can complete the application form found at the end of this booklet.

The register is entirely voluntary and completely confidential.

How to Register

It is easy to apply to register on the SSE Airtricity Energy Care Scheme.

Freephone



0800 032 4322

Mon - Thu: 8.30am - 6pm, Fri: 8.30am - 4.30pm

Alternatively apply by post:

SSE Airtricity Gas Supply (NI) Limited
PO Box 789, Belfast BT3 9WA

Remember that the scheme is completely voluntary and confidential. Once we receive your details we will confirm your registration as a SSE Airtricity Energy Care Customer.

If you know someone else who may need advice or special services, please ask them to contact us so that we can help them.

How to Contact Us

Contacting us is easy and we welcome the opportunity to deal with any comments, suggestions or complaints that you may have about our services. You can contact us by:

Freephone



0800 032 4322

Mon - Thu: 8.30am - 6pm, Fri: 8.30am - 4.30pm

Email



info@airtricitygasni.com

Minicom 028 90 230 121

Post SSE Airtricity Gas Supply (NI) Limited
PO Box 789, Belfast BT3 9WA

If you are still unhappy after giving us the opportunity to resolve your complaint, you can contact the Consumer Council for Northern Ireland. This is an independent body with statutory responsibilities to represent the interests of gas consumers, including taking up complaints on gas.

Contact the CCNI at: Consumer Council for Northern Ireland Floor 3, Seatem House, 28-32 Alfred Street. Telephone 0800 121 6022 or by email at complaints@consumercouncil.org.uk

*This number is charged as a local rate number from both landlines and mobile phones.

SSE Airtricity Energy Care Scheme

Application Form

Extra help for those who need it

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The SSE Airtricity Energy Care Scheme is designed for our customers who are:

- **Of pension age**; or
- **Disabled** (including those who are deaf or blind); or
- **Terminally ill**; or
- **Chronically sick**.

You'll need to provide confirmation using one of each of the following as confirmation of that you meet the criteria.

- **Age:** Birth certificate, passport or driving licence for proof of age.
- **Disability:** A GP's letter confirming that you are disabled or in receipt of a state disability benefit.

This scheme is part of our commitment to our customers and enables us to deliver services to meet your requirements. The register is entirely voluntary and completely confidential.

ARE ANY OF THE ADULTS LIVING IN YOUR HOME:

of **pension age**

Yes ☐ No ☐

or **disabled**

Yes ☐ No ☐

or **chronically sick**

Yes ☐ No ☐

or **have a terminal illness**

Yes ☐ No ☐

If you have ticked any of these boxes, please also tell us if you are living with young people under the age of 18.

Yes ☐ No ☐

PLEASE ALSO TELL US IF YOU ARE:

Blind or visually impaired	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Deaf or hearing impaired	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have a mobility difficulty	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have difficulty in using your hands	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have a speech difficulty	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Effects of the disability (please give details)	<div></div>			

DO YOU HAVE:

Gas central heating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A gas cooker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A gas fire?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OCCUPANCY TYPE (please select one of the following):

Owner Occupier	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
NIHE Rented	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Private Rented	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	<div></div>			

(If you live in rented property and the gas appliances belong to your landlord, the landlord is responsible, by law, for carrying out an annual safety check. If in doubt please contact your landlord.)

DO YOU WANT TO SET UP A PASSWORD?

If you have answered Yes to this question please insert your chosen password in the space provided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<div></div>				

FREE GAS SAFETY CHECK:

If you meet the criteria as detailed in the Energy Care leaflet and you require us to carry out a free gas safety check, tick this box.	<input type="checkbox"/>
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Account Number	<div></div>
(found at the top of your gas bill)	

Name	<div></div>		
Address	<div></div>		
	<div></div>		
Postcode	<div></div>	Telephone	<div></div>
Signature	<div></div>	Date	<div>D D M M Y Y</div>