



Chat with us online at:

[ovoenergy.com/chat](http://ovoenergy.com/chat)

Monday to Friday

9am to 5pm

# Join the Priority Services Register (PSR).

**Please return this form so we know how to help you**

Hello

The Priority Services Register (PSR) is a free and confidential service that gives you extra advice and support. For example, this could be if there's an interruption to your electricity, gas or water supply.

If you or someone in your household needs extra practical support managing your energy, we're here to help. This might be because of a medical issue, you have young children living with you, or you're going through a difficult time in your life.

By joining the PSR, we'll know about your support needs. Please fill out and return the form at the bottom of this letter, or at [ovoenergy.com/register-for-priority-services](http://ovoenergy.com/register-for-priority-services)

We can make sure you get the help you need – especially in an emergency..

## How the PSR can help you

Here are some of the things we can help with:

- Notice of planned power cuts. You'll be told if there's a planned power cut. This is especially important if you have medical equipment that needs powering.
- Accessible bills. If you're visually impaired, we can send your OVO bills in braille or large print, or send copies to a friend, carer or family member.
- Send an engineer to read your meter (if you don't have a smart meter). If there's no one at home to help read your meter, we're happy to send someone over. For peace of mind, you can ask our OVO engineer to use a password, so you know who you're letting in.

## How we protect your personal information

When you sign up to the PSR, we'll securely store your personal data on our systems. We'll never share it with anyone for marketing purposes. We'll only share it when necessary, with those who supply your electricity, gas or water, such as:

- Meter operators
- Engineering partners
- Network operators
- Water and sewerage companies

You can read more about how we protect your sensitive personal data at [ovoenergy.com/privacy-policy](http://ovoenergy.com/privacy-policy) – please let us know if you'd like a paper copy.

## Try the Experian Support Hub

To make it simple for you to tell other service providers about your support needs, we've partnered with Support Hub.

- It's a free, secure service powered by Experian
- It lets you share your support needs with different organisations in a single, transparent process
- You save time by not having multiple conversations about your support needs

Try it today at [suporthub.experian.co.uk](http://suporthub.experian.co.uk)

## We're here for you

Our dedicated team is on hand to help if you have any questions.

If you pay monthly for your energy, please call us on **0330 303 5063** Monday to Friday, 8am to 6pm.

If you Pay As You Go for your energy, please call us on **0330 175 9699** Monday to Friday, 8am to 8pm, and weekends, 9am to 5pm.

Thanks

The OVO Team

# OVO's Priority Services Register Application Form.

**Please complete this form in block capitals**

## Account details

### OVO account

### Address and postcode

**Postcode:**

### Personal circumstances

Tick the boxes that apply to your self or any one living in the property:

<input type="checkbox"/> Living with a disability	<input type="checkbox"/> Blind
<input type="checkbox"/> Can't answer the door	<input type="checkbox"/> Hard of hearing (inc. deaf)
<input type="checkbox"/> More comfortable with someone around	<input type="checkbox"/> Living with a speech impairment around
<input type="checkbox"/> Partially sighted	<input type="checkbox"/> Living with a developmental condition
<input type="checkbox"/> Experiencing a poor sense of taste or smell	<input type="checkbox"/> Living with a mental health condition smell
<input type="checkbox"/> Living with dementia or a cognitive impairment	<input type="checkbox"/> Can't communicate in English impairment
<input type="checkbox"/> Chronically/ seriously ill	<input type="checkbox"/> Medically dependent showering/bathing
<input type="checkbox"/> Of pensionable age (65+)	<input type="checkbox"/> Water-dependent due to a medical condition
<input type="checkbox"/> Restricted hand movement	<input type="checkbox"/> Anxiety or depression
<input type="checkbox"/> Restricted hand movement	<input type="checkbox"/> Autism spectrum
<input type="checkbox"/> Learning difficulties	<input type="checkbox"/> End-of-life care

Tick the boxes that apply to your temporary situation and when they're likely to end.

<input type="checkbox"/> Experiencing difficulty due to life changing events	<input type="checkbox"/> Post-hospital recovery
Review date: _____	Review date: _____
<input type="checkbox"/> Caring for a young adult in the home (under 18)	<input type="checkbox"/> Living with children (age 5 and under)
Review date: _____	Review date: _____

## Electricity dependency

Is there any medical equipment that relies on electricity at the property, or any medication that requires refrigeration? Please tick all that apply.

- Oxygen concentrator
- Stair lift, hoist or electric bed
- Heart or lung ventilator
- Dialysis, feeding pump or automated medication
- Nebuliser or apnoea monitor
- Medically dependant showering or bathing
- Careline or telecare system
- Medicine refrigeration
- Oxygen use (cylinders)

**If you tick any of the above**

Please provide a phone number for our partners to contact you:

1. **What is the primary purpose of the study?**

## Alternative formats for bills and communications

**Do you or anyone in your household need our bills and communications in a different format?**

- No, thank you  Audio CD
- Large print  Talking
- A4 paper (black and white)  Braille

Would you like us to take your meter readings every 3 months for you? You won't need help with this if the property has a smart meter, as it takes them automatically.

Yes please  No, thank you

## Alternative formats for bills and communications

Do these apply to anyone at the property?

- Can't answer the door
- You'd like a friend or family member to be at the property when we visit
- You'd like engineers/meter readers to use a password when visiting the property. If so, please write your password in the boxes below. Choose a word you'll remember that's no more than 10 letters long (no numbers):

**How to get copies of your bill or statement to a nominated friend or family member**

Complete this section if you want a friend or family member to get copies of your bills or statements. Please know that this person will not be named on your account, so they won't be allowed to talk to us about your account or make any decisions about your money (e.g. making payments).

**First name of friend/family member****Surname of friend/family member****I would like the copies to be sent by**

Email       Post

**Email address of friend/family member****Postal address of friend/family member**

**Postcode:**

**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Please return this form via post or email to:**

**OVO Energy Ltd**  
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