



NSW Medical Energy Rebate



Application form: Embedded network (on-supply) households

This form is to be used by eligible households in an embedded network (on-supply) such as a retirement village, caravan park or strata scheme.

Rebate amount

\$313.50

How to complete this form

- The applicant’s name must match the name on the:
 - electricity bill or invoice
 - Services Australia Customer Reference Number (CRN) or Department of Veterans Affairs (DVA) Number
 - bank account.
- The address must be the applicant’s principal place of residence.
 - Use CAPITAL letters.
 - Complete all pages.

Applicant details

Services Australia CRN:	
DVA Number:	
First name:	
Last name:	
Community/village name or strata plan number:	
Site/unit number:	
Street address:	
Suburb:	
Postcode:	
Contact phone number:	
Email address:	
Postal address (if different from above):	
Suburb:	
Postcode:	

Applicant bank details

Bank name:	
Account name (e.g. Mr S Smith):	
BSB number:	
Account number:	

If you're eligible for the rebate, the NSW Office of Energy and Climate Change (OECC) will pay the rebate into the account you have provided above. Please ensure that the bank details are correct. If you provide us incorrect bank details, we may pay the rebate into that account. This means you may not receive a rebate payment unless the funds are returned. This may affect your eligibility for other rebates. It is entirely your responsibility to ensure the bank details you provide on this form are correct.

Applicant declaration and authorisation statement

I understand that:

- OECC will use Centrelink Confirmation eServices to verify my eligibility for the rebate.
- I must include a copy of my most recent energy bill/invoice with this application.
- It is my responsibility to ensure that all the information provided in this application is, to the best of my knowledge, true and correct and I will notify the OECC of any changes to my information.
- I may be required to provide additional information about my eligibility.
- I can only receive the NSW Medical Energy Rebate once per financial year.
- By signing this document, I can confirm that I have read and understood the Privacy Collection Notice (available at www.energy.nsw.gov.au/privacy-collection-notice).
- It is a criminal offence under the *Crimes Act 1900* to provide false or misleading information.

Applicant signature:

Date:

Medical declaration

Patient details

Name of patient:	
Address of patient:	
Patient daytime contact number:	

☐ I consent to the release of my medical records relevant to this application to the OECC if required as part of its responsibility in administering this rebate. I have read and understood the Energy Rebates Privacy Collection Notice.

Patient signature:

Date:

Medical practitioner details

This section must be completed by the patient’s medical practitioner.

Practitioner name:	
Provider number:	
Name of place where patient was reviewed (hospital/clinic/practice):	
Phone number of place where patient was reviewed (hospital/clinic/practice):	

Medical assessment

To meet the criteria for the NSW Medical Energy Rebate, the patient must have been assessed by a registered medical professional who has been treating them for at least 3 months, where the patient:

- has an inability to self-regulate body temperature
- meets one of the four primary qualifying conditions and one of the three secondary qualifying conditions listed in the table.

Medical practitioner declaration

I certify that the patient has an inability to self-regulate body temperature. I have been treating the patient for at least 3 months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least 3 months, and they meet at least one primary and one secondary qualifying condition as indicated in this table:

Primary qualifying conditions (select at least one)	Check box
Autonomic system dysfunction (medical conditions in which the autonomic system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).	<input type="checkbox"/>
Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20% of the body, severe inflammatory skin conditions and some rare forms of disordered sweating).	<input type="checkbox"/>
Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. advanced multiple sclerosis).	<input type="checkbox"/>
Hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications (e.g. complex regional pain syndrome and advanced peripheral vascular disease).	<input type="checkbox"/>
Secondary qualifying conditions (select at least one)	Check box
Severe immobility, such as occurs with quadriplegia or high-level paraplegia, particularly above mid-thoracic level (T7) resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control.	<input type="checkbox"/>
Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.	<input type="checkbox"/>
Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.	<input type="checkbox"/>

☐ I declare that all information provided in this application is, to the best of my knowledge, true and correct.

☐ I consent to the OECC contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner:

Date:

Consent for person to act on your behalf (optional)

Only complete this section if you would like someone to act on your behalf in relation to this application.

I authorise , who can be

contacted by phone on or via

email at

to speak to OECC on my behalf about this application.

I understand that I can withdraw this consent at any time by contacting OECC on (02) 8073 9255.

Consent to contact (optional)

☐

I consent to the OECC to contact me about my experience applying for the rebate.

Submitting this form

Before you send this application have you:

- Verified all details you have supplied are correct?
- Filled out all sections of this form?
- Signed and agreed to all the conditions listed in the declaration?
- Attached a copy of all pages of your most recent energy bill?

Post the signed completed form and a copy of your most recent electricity bill to:

NSW Medical Energy Rebate, PO Box 435, Parramatta NSW 2124.

Do not use staples or sticky tape on documents.