



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.

Phone



© 0345 900 5253

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:

Phone Email



0345 900 5253

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

info@airtricitygasni.com

028 90 230 121 Minicom

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

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.

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.



PLEASE ALSO TELL US IF YOU ARE	:	
Blind or visually impaired		Yes No
Deaf or hearing impaired		Yes No
Have a mobility difficulty		Yes No
Have difficulty in using your han	ds	Yes No
Have a speech difficulty		Yes No
Effects of the disability (please gi	ve details)	
DO YOU HAVE:		
Gas central heating?		Yes No
A gas cooker?		Yes No
A gas fire?		Yes No
OCCUPANCY TYPE (please select	t one of the following):	
Owner Occupier	t one of the following).	Yes No
NIHE Rented		Yes No
Private Rented		Yes No
Other		103
(If you live in rented property and the gas	s appliances belong to your lar	ndlord, the landlord is
responsible, by law, for carrying out an a		
DO YOU WANT TO SET UP A PA	SSWORD?	Yes No
If you have answered Yes to this	question please insert	
your chosen password in the spa	ace provided	
EDEE CAS SAFETY SUIFSI		
FREE GAS SAFETY CHECK:	. d to de c Forence Come les	61 - L
If you meet the criteria as details and you require us to carry out a		
and you require us to earry out t	Thee gas salety effect, the	CR triis box.
Account Number		
(found at the top of your gas bill)		
Name		
Address		
Postcode	Telephone	
Signature	Date	D M M I Y Y