



Energy Voucher Support Application Form

* Required Information – Please print

Date: * _____

Energy Provider Required Information

Energy Provider: **ACTEW** Origin

Customer details

Given Name: * _____

Surname: * _____

Date of Birth: * _____ dd/mmm/yyyy (example 13/Jul/1987)

Contact details

Phone Number: * _____ (Example 0x xxxx xxxx or 04xx xxx xxx)

Email address: _____

Supply Address

Street Address: * _____

Suburb: * _____ ACT Postcode: * _____

Concession Card details (if applicable) Optional Question

I authorise my energy provider to make any enquires necessary to confirm eligibility for the rebate. (Information provided by Centrelink and/or Veterans Affairs is limited to a confirmation of you being a pensioner with fringe benefit eligibility and other details which need to be confirmed. The department will under no circumstances release any other information)

Your energy provider takes many steps to protect your privacy and keep your personal information secure. For more information please read the privacy policy found on their websites www.actewagl.com.au www.originenergy.com.au

By supplying your Concession Card details, we can check if all eligible energy rebates are applied to your accounts. Note: Households do not need to have a concession card to receive a voucher.

Do you wish to add concession card details? If yes please provide:

Card Type: (select one)

Pension

Health Care Card

Pension / health care / Veterans' Affairs card number _____

Date of effect (start date) dd/mmm/yyyy _____

Expiry date _____

Type of concession / pension (select one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Mature Age | <input type="checkbox"/> Sheltered Employment |
| <input type="checkbox"/> Age Special | <input type="checkbox"/> Mature Age Partner | <input type="checkbox"/> Sickness Allowance |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> New Start | <input type="checkbox"/> Sole Parent |
| <input type="checkbox"/> Blind | <input type="checkbox"/> New Start Mature Age | <input type="checkbox"/> Special Benefit |
| <input type="checkbox"/> Civilian Widow | <input type="checkbox"/> Parenting Payment Partnered | <input type="checkbox"/> Special TPI |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Partner Allowance | <input type="checkbox"/> Spouse Carers |
| <input type="checkbox"/> Gold Card Holder | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> War Widow |
| <input type="checkbox"/> LSC Rebates | <input type="checkbox"/> Service | <input type="checkbox"/> Wife Pension |

Account details

Electricity Account Number: _____

Gas Account Number: _____

Approx. amount owed, if any: _____

Please Note: Maximum voucher request value for gas is limited to \$100. If you do not supply an account number we will not be able to request energy hardship support.

Consent

I authorise the St Vincent de Paul Society Canberra/Goulburn to lodge my request for a once only energy voucher as per the details above.

Customer's Signature: _____ Date: _____

Office use only:

Please send this completed form to the Conference Support Team for processing Email: conferences@vinnies-cg.org.au Mail: P.O. Box 9091 Deakin 2600
Delivery: 2 Loch Street, Yarralumla ACT 2600