Energy Voucher Support Application Form

* Required Information – Please print

Date: * _____

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

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)

☐Age	☐Mature Age	☐Sheltered Employment
☐Age Special	☐Mature Age Partner	☐Sickness Allowance
☐Bereavement	☐New Start	☐Sole Parent
☐Blind	☐New Start Mature Age	☐Special Benefit
☐Civilian Widow	☐Parenting Payment Partnered	☐Special TPI
☐Disability	☐Partner Allowance	☐Spouse Carers
☐Gold Card Holder	☐Rehabilitation	☐War Widow
☐LSC Rebates	☐Service	☐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