

BUSINESS REPLY SERVICE
Licence No NATN475

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Northern Ireland Electricity
Customer Care Register
FREEPOST NATN475
PO Box 2
Danesfort
120 Malone Road
BELFAST
BT9 5BR

NIE In Touch with you

Critical Care Register

Critical Care Customers

“ Being informed
allows me to be
in control ”

Critical Care Register

Northern Ireland Electricity offers a critical care information service to customers who are dependent on life supporting electrical equipment.

Life supporting electrical equipment

If you depend on electrical equipment, that is vital to your health, we would like you to register with us. We can provide you with the most up to date information during a power cut or a planned interruption.

Customer Helpline
08457 643 643





What you should do if your power fails

In the event of a power cut please contact us immediately. When registered with us, we will recognise your telephone number and your call will be given priority. You will either speak directly to a call advisor or we will ask you to leave contact details.

We will then contact you regularly throughout the duration of the power cut with up to date information. This will help you make an informed choice as to whether you should make alternative arrangements.

How can you prepare for a power cut?

- Find out how your medical equipment operates. If you are unsure ask your health professional.
- Make sure your battery back-up is always fully charged.
- You may want to decide where to move to in the event of a prolonged power cut.

Planned interruption of supply.

In the event of an interruption planned by NIE we will contact you at least three days beforehand and inform you of the expected duration of the interruption.

Nominated carer

You can provide us with details of a relative or carer as an alternative, if we are unable to make direct contact with you. Please make the nominated person aware you have given us their name.

Confidentiality

Finally, we wish to advise all our customers that the register is confidential and you can be assured that your details will be kept private and only nominated NIE staff will have access to the information.

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Critical Care Register

If you wish to register with us, please complete and return this form. Our address is on the back and no stamp is required. (Tear along the dotted line, fold the page in half and seal the edges).

Details of person dependant on electrical equipment

Name: _____

Address: _____

Post Code: _____ Home Tel No.: _____

Note – We will recognise this telephone number and your call will be given priority.

Minicom Tel. No.: (if applicable) _____

Customer number

(found at top right hand corner of your electricity bill) _____

Nominated relative or carer details

Name: _____

Address: _____

Post Code: _____

Relationship (e.g. Son, Daughter, Neighbour etc) _____

Home Tel No.: _____ Work Tel No.: _____

Minicom Tel No: (if applicable) _____

Equipment details

- | | | | |
|--------------------------|--------------------------|--------------------------------------|--------------------------|
| Oxygen Concentrator | <input type="checkbox"/> | Total Parental Nutrition Machine | <input type="checkbox"/> |
| Personal Suction Machine | <input type="checkbox"/> | Ventilator | <input type="checkbox"/> |
| Home Dialysis | <input type="checkbox"/> | Nebuliser | <input type="checkbox"/> |
| Peg Tube Feeding Pump | <input type="checkbox"/> | Electric Pressure Relieving Mattress | <input type="checkbox"/> |
| Electric Hoist | <input type="checkbox"/> | Household Lift | <input type="checkbox"/> |