**Energy Redress – Energy Voucher Scheme**

**Managed By**

**Doncaster Deaf Trust**

**Participant Form**

Name in Full: …………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………….

Postcode: ………………………………….. Date:………………………………………………………………..

Mobile Tel No: ……………………………………………………………………………………………………………………….

E-mail address:……………………………………………………………………………………………………………………….

**(Please note – British Gas does not currently allow the use of PayPoint)**

**We will use a mobile number provided as the principal means of sending the voucher and will only use the e-mail if no mobile number is available. Please only complete your e-mail details when a mobile number is not an option for you.**

Evidence of Eligibility Requirement - Please provide the following:

1. Confirmation of your account from your Electricity and/or Gas provider (A recent account statement or letter showing the meter type and number

Please sign below to indicate that the following statement is true and applies to your personal circumstances:

I confirm that:

I have a pre-payment meter number…………………………………………….(Please write the meter number and supplier)

I have suffered financially as a direct result of the Covid19 pandemic

I have already or am in danger of, self-disconnection

I am on (please type in the name of the benefit/s you’re receiving) benefit

I have been furloughed/made redundant as a direct result of the current coronavirus pandemic (Delete which ever statement is not true)

Signature: ………………………………………………………………………………………………………………….

Please e-mail this form, once completed, to:

[**neil.keeton@cscd.ac.uk**](mailto:neil.keeton@cscd.ac.uk)

**or**

**gez.naylor@cscd.ac.uk**

**Or – post to:**

**Energy Redress Team**

**c/o Doncaster Deaf Trust**

**Leger Way**

**Doncaster**

**DN2 6AY**

**Disclaimer: Your Right to Privacy: Your details will NOT be used for any other purpose than the payment of an Energy Voucher and for reporting purposes to Energy Redress, the organisation providing the funding to make this possible, and will NOT be passed to other any third party. Your signature, above, indicates that you agree to this**.

**Please keep a copy for your records and complete the sections below for subsequent application – NB -You may ONLY make three claims (one per month) maximum**

**Month Two/Three (Delete as appropriate) Application**

**I Would like to make a Second/Third application, having made my first application on …….. (Insert date), as per the details shown above.**

**Name:…………………………………………………………………………………. Date:……………………………………**

**Signature:…………………………………………………………………………………………………………………………..**

**THIRD PARTY SUPPORT**

We are aware that some people who may need assistance, may not have access to a mobile phone or the internet and e-mails and that assistance is often sought from local organisations. In this instance, if you are acting for and on behalf of someone, in order to not disadvantage those individuals, we simply need an addition form of assurance in the format shown below:

I (***enter name***) working for (***name of organisation***) am acting on behalf of (***insert name of your client)*** and am acting with their full knowledge and consent.

Client Name (Please Print):…………………………………………………………………………………………………..

Client Signature:…………………………………………………………………………………………………………………..

Advocate’s Name:……………………………………………………………………………………………………………….

Advocate’s Signature:…………………………………………………………………………………………………………..

Date:……………………………………………………………………………………………………………………………………