## Safeguard scheme registration form

I would like to be included on your Safeguard Register

| Name   |
|--|
| Address & postcode   |
|  |
| Contact telephone numbers  |
| Home Mobile  |
| Email address  |
| Bill payer (if different)  |
| Where did you learn about Safeguard?   |
| $\square$ one of our leaflets $\square$ website $\square$ friend or relative |
| called our contact centre  |
| Customer reference number:   |

Affinity Water Ltd Tamblin Way Hatfield Herts AL10 9EZ. Tel: 0845 155 2072

Email: helpinghands@affinitywater.co.uk

Website: www.affinitywater.co.uk



Your local supply, on tap

## We offer Safeguard customers a variety of communication methods – please choose the best one for your needs:

| □ Large print       □ Braille         □ Telephone       □ Audio tape         □ Text Relay       □ Texting if appropriate         □ Audio cd       □ Any other format not mentioned that you would like to use Please specify:         □ mat we can be as helpful as possible, which of the following describes your circumstances? (tick more than one if appropriate)         □ Visually impaired       □ Learning difficulties         □ Mental health problems       □ Hearing impaired         □ Speech impediment       □ Wheelchair user         □ Mobility problems       □ Elderly         □ Home dialysis         Any additional information that may be relevant |          |   |   |
|--|----------|---|---|
| Text Relay   | ☐ La     | rge print   | ☐ Braille   |
| Audio cd Any other format not mentioned that you would like to use Please specify:  hat we can be as helpful as possible, which of the following describes your circumstances? (tick more than one if appropriate)  Visually impaired Learning difficulties  Mental health problems Hearing impaired Speech impediment Wheelchair user  Mobility problems Elderly Home dialysis  | □ Те     | elephone  | ☐ Audio tape  |
| Any other format not mentioned that you would like to use Please specify:  at we can be as helpful as possible, which of the following describes your circumstances? (tick more than one if appropriate)  Visually impaired  | □ Te     | ext Relay   | ☐ Texting if appropriate  |
| like to use Please specify:  | □ Au     | udio cd   |   |
| describes your circumstances? (tick more than one if appropriate)  Usually impaired Learning difficulties  Mental health problems Hearing impaired  Speech impediment Wheelchair user  Mobility problems Elderly  Home dialysis  |          |   | •   |
| describes your circumstances? (tick more than one if appropriate)  Usually impaired Learning difficulties  Mental health problems Hearing impaired  Speech impediment Wheelchair user  Mobility problems Elderly  Home dialysis  |          |   |   |
| describes your circumstances? (tick more than one if appropriate)  Usually impaired Learning difficulties  Mental health problems Hearing impaired  Speech impediment Wheelchair user  Mobility problems Elderly  Home dialysis  |          |   |   |
| <ul> <li>□ Mental health problems</li> <li>□ Speech impediment</li> <li>□ Wheelchair user</li> <li>□ Mobility problems</li> <li>□ Elderly</li> <li>□ Home dialysis</li> </ul>  |          |   | •   |
| <ul> <li>□ Speech impediment</li> <li>□ Mobility problems</li> <li>□ Home dialysis</li> </ul>  | describ  | es your circumstances?  | tick more than one if appropriate)                                |
| <ul><li>☐ Mobility problems</li><li>☐ Home dialysis</li></ul>  | describ  | es your circumstances?  | tick more than one if appropriate)                                |
| ☐ Home dialysis  | describ  | es your circumstances?  | Learning difficulties   |
| · · · · · · · · · · · · · · · · · · ·  | describe | es your circumstances?  | Learning difficulties  Hearing impaired                           |
| Any additional information that may be relevant  | □ Vis    | es your circumstances? ( sually impaired ental health problems beech impediment                               | Learning difficulties  Hearing impaired  Wheelchair user          |
|  | describe | es your circumstances? ( sually impaired ental health problems beech impediment obility problems              | Learning difficulties  Hearing impaired  Wheelchair user          |
|  | describe | es your circumstances? ( sually impaired ental health problems beech impediment obility problems ome dialysis | Learning difficulties  Hearing impaired  Wheelchair user  Elderly |

| I would like to receive the following services:   |  |  |
|---|--|--|
| <ul> <li>I, or another member of the household, would need<br/>help if my water supply is interrupted for a prolonged<br/>period</li> </ul>   |  |  |
| ☐ I find it difficult to read my water meter and would like additional readings   |  |  |
| ☐ I need help to understand my water bill   |  |  |
| ☐ Please ask a member of Affinity Water to contact me to make arrangements to pay my water bill   |  |  |
| Password scheme   |  |  |
| This is a scheme to help vulnerable customers and to deter bogus callers. We ask customers to choose a password that we will use if we need to visit you.   |  |  |
| ☐ Please tick if you would like us to use a password when we visit you.   |  |  |
| I would like my password to be  |  |  |
| it. Affinity Water is committed to preventing bogus callers.  |  |  |
| WaterSure scheme  |  |  |
| Do you or someone in your household receive certain benefits or tax credits PLUS have a medical condition that means you use more water than the average household? Or do you use a greater amount of water as you are a large family? If your answer is 'Yes' and you are on a water meter, you may be eligible for the WaterSure scheme, which may help to reduce your water bill.  □ Tick this box to receive an application form. |  |  |

## **Alternative contact information**

If you would like someone else to contact us about your account, please provide details:

| Their name is   |   |  |  |
|---|---|--|--|
| Their relations   | hip to you  |  |  |
| Their address & postcode  |   |  |  |
| The   | eir contact telephone numbers<br>Mobile   |  |  |
| Their email add   | dress   |  |  |
| ☐ I would like my   | y bill sent to this person on my behalf   |  |  |
|   | ny suggestions or comments you would bout any of our services?  |  |  |
| <ul><li>a) provide you with water serv</li><li>b) manage your account include</li></ul> | vill be treated in the strictest confidence. We may use information about you to ices and give you information about your water supply and related products ding collection and recovery of charges.  The water companies about your requirements. Calls may be recorded for training |  |  |
| Signature   | Date  |  |  |

Please return in the enclosed reply-paid envelope.