|  |  |  |
| --- | --- | --- |
| Date of Referral  |  | Customer consented to referral? Yes ☐ No ☐ |
| Referrer Name |  | Tel Number |  |
| Agency  |  | Email  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name/s |  | D.O.B /s |  |
| Address |  | Tel Number/s |  |
| Email |  | AlternativeContact? |  |
| Communication or Cultural Needs?Yes -Please describe | Yes [x]  No [ ]  | Health issues?If YesPlease describe | Yes☐ No☐ |
| Alliance Tenant Yes [ ]  No [ ] Private Rented Yes [ ]  No [ ] Housing Association Yes [ ]  No [ ] Owner Occupier Yes [ ]  No [ ] Park home Yes [ ]  No [ ] Other………………………………………………………….  | Landlord contact details if known: |

**Home Energy Advice Service Referral Form**

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| --- |
| **Reason for referral** |
| 1.Energy Efficiency advice |[ ]  2. Managing Fuel Bills |[ ]  3. Income maximisation/energy debts |[ ]
| 4. Property issues, e.g., disrepair, damp & mould |[ ]  5. Repairs/Home Improvement Grants |[ ]  6. Wellbeing & Welfare |[ ]
| 7. Changing Usage & Behaviours |[ ]  Other |[ ]  No Heating/hot water today? (Priority referral?) |[ ]
| **Further Information:** |
| Are there any issues to be considered if visiting the customer at home? Yes [ ]  No [ ] *Details:*    |