



Charity No. 1128070 Company No. 06751264

Referral Application Form

Thursday, June 11, 2020

SECTION 1: ORGANISATION DETAILS

Please provide your details and your organisation details.

Your Name *

Title First Name Last Name

Organisation Name *

Organisation Address *

House Number/Name

Street Name

City/Town

County

Postcode

Contact Email *

example@example.com

Contact Number *

Area Code Phone Number

SECTION 2: CLIENT DETAILS

Please provide the details of the person being referred to us. They must be an adult aged 18+. If the application is for someone under this age, please provide details of their parent or guardian, and

Client Name *

Title First Name Last Name

Case Number

If applicable. A number will be assigned if left blank.

Address *

House Number/Name

Street Name

City/Town

County

Postcode

Contact Number *

Area Code Phone Number

Contact Email

jane.doe@example.com

If there are any dependents aged 17 or younger, or dependents of any age with a disability, please describe them here:

SECTION 3: FUNDING DETAILS

Please tell us how this referral would be funded, if accepted. Please be aware that this does not impact the likelihood of your referral being accepted.

Who is funding this referral? *

Yes No Partially

Funded by Organisation

Funded by Client

Funded by Furniture Helpline

If full or partial funding is available from either the organisation or client, please put available funding below.

Funding available from organisation

Funding available from client

Please put an amount in £

Please put in an amount in £

If the funding for the referral is paid fully or partially by Furniture Helpline, the amount allotted to a successful application is at the discretion of Furniture Helpline.

SECTION 4: CLIENT CIRCUMSTANCES

If Furniture Helpline is provisioning the referral itself, either in part or in full, please fill in this section.

What is the client's disposable income each month?

Disposable Income = Income - Expenses

Furniture Helpline will not generally ask for a breakdown of income or expenses, but reserves the right to as part of the application process.

If there are personal circumstances which are relevant to the application, please put them below.

SECTION 5: SERVICE(S) REQUIRED

I would like Furniture Helpline to provide *

Yes

No

Re-Used Furniture

Re-Used White Goods

New White Goods

Bulky Waste Collection

My client needs the following re-used furniture delivered:

My client needs the following re-used white goods delivered:

Please provide quantities where necessary.

Please provide quantities where necessary.

My client needs the following new white goods delivered:

My client needs the following collected as bulky waste

New white goods must always be funded by the organisation or client. Provide quantities where necessary.

Bulky waste collections must always be funded by the organisation or client. Provide quantities where necessary.

SECTION 6: OTHER

If there is anything else you feel is relevant to the application please put it here.

If you need more space, please feel free to write anything extra on a Word document (or your preferred format) and send it to us alongside this application.

Thank you for filling in this form. Please be aware that by submitting this form to Furniture Helpline you confirm that you agree to The Furniture Helpline Ltd holding these details in accordance with relevant Data Protection Regulations, such as GDPR.

We aim to respond to all applications within 7 working days. The outcome of your application, or any requests for further details will be sent to your contact email.

Robert Forbes
Office & Finance Manager