

Better Housing, Better Health

Referral Form

Required sections are marked with an asterisk ()*

*RESIDENT DETAILS If the resident is a child (under 16) please include parent or legal guardian's details and tick here: <input type="checkbox"/>	
Name	
Age	
Address	
Home telephone	
Mobile number	
Email	
ADVOCATE OR FAMILY MEMBER WHO MANAGES AFFAIRS (IF APPLICABLE)	
Name	
Home telephone	
Mobile number	
*HEALTH CONDITION(S)	
<input type="checkbox"/> I confirm that the resident has a respiratory illness or cardiovascular disease which may be exacerbated by living in a cold or damp home	
Please state which health condition(s) the resident has:	
Respiratory illness:	Cardiovascular disease:
_____	_____
ADDITIONAL INFORMATION	
Notes (e.g. best way to contact them, support needed during a home visit, anything else to be aware of)	
Please tick if either of the following apply to the resident: <input type="checkbox"/> No heating <input type="checkbox"/> No hot water	
*YOUR DETAILS	
Name	
Organisation	
Job title	
Telephone	
Email	
*DECLARATION	
<input type="checkbox"/> I confirm that I am a health or social care professional with access to verified health information about the resident	
<input type="checkbox"/> I have obtained verbal consent from the resident (or their parent or legal guardian if the resident is under 16) to pass on these details to the National Energy Foundation in order for them to be contacted about support available from the Better Housing, Better Health project	
Signature:	Date:
_____	_____

Please scan and email completed referral forms to BHBH@nef.org.uk or post to Confidential - BHBH Referrals, National Energy Foundation, National Energy Centre, Davy Avenue, Knowlhill, Milton Keynes MK5 8NG. For more information on this scheme, please call 01908 354547.

