

Better Housing, Better Health

Referral Form



Required sections are marked with an asterisk ()*

SECTION 1	
*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	
*RESIDENT DECLARATION	
<input type="checkbox"/> I confirm that I own the property named above	
Signature:	Date:

- Please turn over for Section 2 -

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SECTION 2 – TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL	
*YOUR DETAILS	
Name	
Organisation	
Job title	
Telephone	
Email	
*HEALTH CONDITION(S)	
<input type="checkbox"/> I confirm that the resident above has a long term and chronic health condition which may be exacerbated by living in a cold or damp home	
Please state which health condition(s) the resident has:	
ADDITIONAL INFORMATION	
Notes (e.g. best way to contact them, support needed during a home visit, anything else to be aware of)	
*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 0800 107 0044.