

**REFERRAL FORM**

***Every section must be completed – if details are missing this will delay the application.***

**Email the completed form to:** [**cheerfulsparrows@gmail.com**](mailto:cheerfulsparrows@gmail.com)

**Before completing the following form, please note that Cheerful Sparrows Thanet is a ‘Charity of Last Resort’ and you must have tried other agencies first.**

**Agency of Referrer:**

**Name and Job Title of Referrer:**

**Referrer email:**

**Referrer Contact Numbers:**

**Mobile Number**

**Telephone Number**

**Agency Address:**

I shall be on leave between and In my absence please contact my colleague:

Name:

Email:

Telephone Number:

Mobile Number:

**DATA PROTECTION POLICY**

**Please note – this section must be completed to comply with our Data Protection Policy.**

**I, ……………………………………., the referrer making this request, confirm that should the application be successful, the recipient**

* **has agreed that the supplier may be given their name, address and telephone number, if appropriate, for delivery or estimate purposes.**
* **understands that this may also require their details being sent via an unsecure email if the item were to be bought from the Internet. If your application is successful, as part of the agreement you, as the referrer, undertake to confirm with Cheerful Sparrows Thanet Charity:**

**N.B. No Application will be considered without this authority.**

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**Please do not include any recipient’s personal details e.g. names, on this form.**

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***If your application is successful, as part of the agreement you, as the referrer, undertake to confirm with Cheerful Sparrows Thanet Charity:***

* ***When the delivery has taken place.***

***Please also read and note the following;***

* ***The safe assembly, installation and placement of supplied items is not the responsibility of Cheerful Sparrows Thanet Charity.***
* ***It is the responsibility of the referrer to request appropriate goods and to the best of their ability, oversee their proper use.***
* ***Where professional installation has been pre-paid by Cheerful Sparrows Thanet Charity, e.g. white goods, the item must be installed on delivery, as agreed, or it will be removed and returned to the supplier.***

***I have read and noted the above details ……………………………………. (Referrer’s name)***

**SUMMARY OF REQUEST**

**(NB – Bedbug infestations - Certification of Clearance must be provided before any request is considered.)**

**Date of Request:**

**Initials of intended recipient:**

**Town of intended recipient**:

**Brief details of request:**

**Total amount of money requested: £**

***(Please enclose a written estimate from the store/establishment or catalogue prices where possible. Remember to include, where appropriate, delivery, installation and removal of old item costs. Please check that the item is in stock.)***

**Has this family been helped by the Cheerful Sparrows before? (*The answer will not prejudice this application)***

**As Cheerful Sparrows is a charity of last resort, please list other organisations you have tried and their responses. (Please refer to the list of charities on the website. This list is not exhaustive.)**

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**Have you visited the family home?**

**If your application is successful, please bear in mind the following requirement:**

**Cheerful Sparrows should be informed if the family moves and is unable to take the goods provided by Cheerful Sparrows with them.**

**Household Information:**

1. Household:
   * Number of Adults aged 18 years and over : \_\_\_\_\_\_
   * Number of Young People aged 5 years to 17 years: \_\_\_\_\_
   * Number of Children under the age of 5 years: \_\_\_\_\_
2. Housing:

* Privately rented: \_\_\_\_\_
* Council or Housing Association: \_\_\_\_\_
* Other \_\_\_\_\_\_

1. For all adults in the family, please indicate the number who are:

* In work 30 hours or over \_\_\_\_\_\_\_
* In work for between 16 hours and 29 hours \_\_\_\_\_\_
* In work for under 16 hours \_\_\_\_\_\_\_
* Seeking work \_\_\_\_\_
* Caring for children \_\_\_\_\_\_\_\_\_
* In education or training \_\_\_\_\_\_\_\_\_
* Retired \_\_\_\_\_\_\_
* Other (Please detail) \_\_\_\_\_\_\_\_

1. Number of family members who are receiving:

* Personal Independent Payment \_\_\_\_\_\_
* Disability Living Allowance \_\_\_\_\_\_\_\_
* Employment Support Allowance \_\_\_\_
* Attendance Allowance \_\_\_\_\_\_
* Carer’s Allowance \_\_\_\_\_\_
* Universal Credit \_\_\_\_\_\_\_\_

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**FULL DETAILS OF REQUEST :**

**Please give us as much information as you are able, to help the Trustees give full consideration to your request. Missing details will delay the application.**

**After being notified, if the application is successful, it is the responsibility of the referrer to liaise with their Cheerful Sparrows contact within five working days to make further arrangements.**

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