

Referral and Application Form

Nature of Request (brief description) and circumstances:

Amount / Items Requested: Please enter.

We may contact the applicant to verify the information provided, and to gather further information which will enable us to process the request. We will only contact the applicant in order to process this request, and to follow up on this request and to give further information and advice that may be relevant or useful to the applicant. We may pass on relevant information to other agencies in order to process this application. Please note that we rely on you, the referring person or agency, to verify both the identity of the applicant, and that their need is genuine (to the best of your ability). Thank You for referring to HopeGiver.

I understand that posting this application does not guarantee payment. I give consent for monies to be received by HopeGiver and used on my behalf. I acknowledge receipt of payment / goods. I agree that this request may be publicised (including online and on social media) to raise awareness – no personal details will be included. (Delete as applicable.) (Signature may be obtained on application or when request is fulfilled.) Full Terms & Conditions available online.

Signature of Applicant: Signature – type name.

Date: Enter date.

NAME OF APPLICANT	Name.	Single / Couple / Family	
		Children: Number of children	
		Ages /Age range: Ages – or age range	
Date of Birth	Date.	Male / Female	Male / Female
ADDRESS	Address. Post Code: Please enter.		
Housing Status	Owner / Renting – Private / Council / Housing Association	Landlord	Please enter.
		Energy supplier	Please enter.
Telephone (mobile preferred):	Please enter telephone number.		
Email: (if none, please use referrer's email)	Please add email address.		
ID VERIFICATION: (Please Circle or delete)	Known to referrer / Utility Bill / Photo ID		
Equal Opportunities Monitoring (only if willing to give information)	Ethnic Origin: Please choose.		
	Religion: Please choose.		
Referred By (Name & Contact Details – telephone and email, if different from email form sent from):	Please provide your name plus contact telephone number.	Agency	Name of agency or organisation you represent.
		Role	Role
OFFICE USE ONLY:	Previous request? Y / N ACTS: R		Contact / Request Verified:

(07519) 357 521 | admin@HopeGiver.org.uk
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