



ENERGY ADVICE REFERRAL FORM

Please complete and return this form to info@reapscotland.org.uk putting 'Energy Referral' in the subject line of your email.

We aim to process referrals the same day, Mon-Fri, if they are received before 12noon; however, this may not always be possible when referral volume is high. Please note we will always process referrals as quickly as possible.

If the referral is **URGENT** (No credit or emergency credit on prepayment meters/ mental health/ wellbeing issues) please use the subject line '**URGENT Energy Referral**', explain the reason in this form and we will prioritise the referral. If your referral is after 12noon or out of office hours, please advise your client to contact their energy provider for immediate support and REAP will be in touch once we are able to process the referral.

Client's Details

Title		First Name		Surname	
DOB					
Address					
Telephone No.					
	Does the client give consent for us to leave a voicemail (Y/N)				
Email					
No. in household					
ID verified	Yes / No				

Housing Status (eg Council, Private Rent, Home Owner)				
House Type (eg 1 bedroom Flat, 3 bedroom house)				
Fuel & Heating Type (electric or gas or both)				
Meter type	Prepayment meter	Yes / No	Credit meter	Yes / No
Benefits				
Enquiry Date				

Please turn over and complete the second page

Please give brief details for referral

REAP will store all information securely and will only use it for the purposes of REAP projects and work.

By signing this form you are giving consent for REAP to hold and use these details for our work/your client's needs.

By signing this form you are also giving REAP permission to contact your client about this work until they or you tell us not to. REAP will never pass on any details for marketing purposes. You can withdraw your consent at any time in person by speaking to a member of REAP staff, by telephone (01542 888070) or by email (info@reapscotland.org.uk)

Referring Service Details:

Signed			
Name			
Date			
Job title			
Contact email			
Contact telephone number			
Referring service			
If a Home Visit is deemed necessary, would you like to attend?	Yes / No	Would you like to receive feedback?	Yes / No