FREE EVENT FOR LANCASHIRE RESIDENTS

Burnley .gov.uk

WARM Matters

03.12.25

10am - 1pm

DOWN TOWN, CHARTER WALK
SHOPPING CENTRE
(ABOVE NEW LOOK)
BURNLEY, BB11 1AE

°COSY HOMES IN LANCASHIRE

WELLNESS
ADVICE
RESOURCE
MONEY

FREE PRIZE DRAW
GIVEAWAYS &
REFRESHMENTS

DROP IN FOR FREE AND GET HELP TO BE SAFE, WARM AND WELL THIS WINTER

EURO ENERGY GROUP
LANCASHIRE WOMEN Charity No: 1100976
SHE CAN FIX
SP Electricity North West
GREENER HOMES IN LANCASHIRE
AND MORE!

Referral Form for HSF 7

Partner Agency information	
Date of Referral	
Partner Organisation	
Referrers Name*	
Referrers Job Title*	
Referrers Email*	
Referrers contact number*	

Applicant Details	
Title*	
First Name*	
Surname*	
Address*	
Postcode*	
Mobile Phone*	
Email Address	

Date of Birth*	
Do you class yourself as having a disability? *	☐ Yes ☐ No
Gender*	☐ Male ☐ Female ☐ Transgender ☐ Non-Binary ☐ Other

Ethnicity*

White

- ☐ White English/Welsh /Scottish/Northern Irish/ British
- ☐ White Irish
- ☐ Gypsy or Irish Traveller or ROMA
- ☐ Any other White Background … *Please Specify*

Mixed / Multiple ethnic groups

- ☐ White & Black Caribbean
- ☐ White & Black African
- ☐ White & Asian
- ☐ Any other mixed/ multiple ethnic background … *Please Specify*

Other Ethnic Group

- ☐ Arab
- ☐ Any other Ethnic Group … *Please Specify*

Asian/ Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background … *Please Specify*

Black/African/Caribbean/Black British or Black British

- ☐ African
- ☐ Caribbean
- ☐ Other **Black/African/Caribbean** … *Please Specify*

For more information please contact; Burnley Together 01282 686402
Please email referral to; householdsupport@burnleytogether.org.uk

Referral Form for HSF 7

Target Group/ Type of Household	☐ Children ☐ Pensioners ☐ Unpaid Carer ☐ Care Leaver ☐ Disabled ☐ Other
Household Status*	☐ Owner Occupied ☐ Social Landlord ☐ Private Rented
If Social Landlord please state*	
Support Requested	☐ **Winter Warmer** Winter Warmer Packs (male or female) Please specify male or female:

Please provide full details of why they need to access this support, for example: ill health, bereavement, increase in household bills, arrears electricity, gas or water etc. Please ensure you provide as much information as possible to support this application:

Partner Agency Declaration:

As the referral Partner who is working with the applicant, you are required to verify to the best of your knowledge the applicant's current circumstances, and confirm you have shared their information with their consent.

I have made the referral for the applicant	☐ Yes	☐ No

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I have verified the applicant lives at the address*	☐ Yes	☐ No
I have assessed the applicants needs and confirm they meet the eligibility criteria for the HSF*	☐ Yes	☐ No
All the information I have provided on this referral form is true to the best of my knowledge*	☐ Yes	☐ No
I have made the applicant aware that I have made this referral and shared their details with Burnley Together*	☐ Yes	☐ No

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