AGENCY REFERRAL FORM

Please note that this form is used only where there is identified financial hardship.

Agency Name:	Contact:
Address: Post Code:	Office Telephone No: Mobile Telephone No:
Date: / /	Signed:

1. Why are you making this referral to TCL ReUSE? _____

   _____
2. Have you seen client's proof of benefit? YES / NO*
   - If yes, which benefit: _____
   - If no, please explain: _____
3. Have you made the client aware that there are charges to be paid for delivery? YES / NO*
   - Who will be paying the delivery charge? Agency / Client*
   - Is the client aware that delivery charges must be paid before the items can be delivered? YES / NO*
4. Have you made the client aware that there are charges to be paid for items? YES / NO*
   - Who will be paying for the items? Agency / Client*

*Delete as applicable

Client Name:	Contact Telephone No:
Current Address: Post Code:	New Address: Post Code: Move Date: Move Date:
I understand that there may be charges as detailed in 3 & 4 above. Client Signature: _____	

Items required:

Agency Notes:

- Please make client aware that payment must be chip and pin or cash.
- Clients receiving means tested benefit may receive up to 50% discount on essential items.
- There is a delivery charge of between £6 and £20 within the London Borough of Redbridge regardless of how many items are purchased, but this can be more if delivery is outside the borough boundary.
- White goods are not discounted due to limited supply and cost to test and repair.
- Goods are purchased **'as seen'** and customers are asked to check their suitability prior to purchase.
- Where applicable, items provided by TCLR free of charge are at our discretion.
- TCL ReUse cannot be held responsible or liable for any damage, loss or injury to any item or person howsoever caused by the items purchased from us. This does not affect your statutory rights.

Please note that we do not supply gas heaters or items that do not comply with fire regulations.

For use by TCL ReUse Only

Date Received: _____

Actioned By: _____ TCLR Referral Reference Number: _____