Lighten the Load

REFERRAL FORM

Please complete all sections and return by email. Thank you.

This referral is for a **FREE**, funded home decluttering and organisation programme for households in the Scottish Borders. **Limited to 10 places.**

A About the Person Being Referred

*** FULL NAME**

DATE OF BIRTH

*** HOME ADDRESS INCLUDING POSTCODE**

PHONE NUMBER

EMAIL ADDRESS

BEST TIME TO CONTACT

PREFERRED CONTACT METHOD

HOUSEHOLD SIZE

B About the Referrer

*** YOUR NAME**

JOB TITLE / ROLE

ORGANISATION / SERVICE

DATE OF REFERRAL

*** PHONE NUMBER**

*** EMAIL ADDRESS**

C Reason for Referral — please tick all that apply

- ☐ Poor mental wellbeing linked to home environment
- ☐ Life transition (bereavement, separation, illness)
- ☐ Family stress or household disruption
- ☐ ADHD or neurodivergent needs
- ☐ Housing concern or tenancy risk
- ☐ Financial hardship impacting home
- ☐ Overwhelm, burnout or life crisis
- ☐ Isolation or reduced support networks
- ☐ Clutter significantly impacting daily functioning
- ☐ Moving home or downsizing
- ☐ Post-hospitalisation or recovery
- ☐ Other (please describe below)

D Home Situation & Background

PLEASE BRIEFLY DESCRIBE THE PERSON'S CURRENT HOME SITUATION AND WHY THEY WOULD BENEFIT FROM THIS SUPPORT:

ARE THERE ANY SAFEGUARDING CONCERNS?

ANY ACCESS REQUIREMENTS OR HEALTH NEEDS?

Is the person aware of and in agreement with this referral?

☐ Yes — they are fully aware and have consented
☐ No — please explain:

E Consent & Declaration

Please read carefully before signing.
Lighten the Load will use information provided solely for the purpose of delivering the funded support programme. Information will be stored securely and shared only with CLLD Scottish Borders funders for monitoring and reporting purposes.

☐ I confirm the person named has consented to this referral and to their information being shared with Lighten the Load.
☐ I confirm the information provided is accurate to the best of my knowledge.
☐ I understand Lighten the Load will contact me to discuss suitability before any home visit takes place.

REFERRER SIGNATURE

DATE

GET IN TOUCH
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