

# Request for Small Repairs Service

# CARE & REPAIR SERVICE

## Referral From Other Agency



*If not completed by applicant:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Small Repairs Service

### NOTE

Contact will be made as soon as possible in order for a Care & Repair staff member to provide advice.

**PLEASE ENSURE** that the person calling at your home shows proper identification.



## Care & Repair Service

### *Request for Small Repairs Service*

The service is for owner/occupiers or private sector tenants who are elderly or disabled who require minor repairs to their homes.

- Each small repair will require to be completed in no more than 2 hours
- All customers will require to pay a £10.00 administration charge plus the cost of materials for each small repair
- Examples of small repairs might include door and window repairs; repair kitchen unit; skirting board; fit new lock; fit draft excluder; cistern repair; replace tap washer; socket or light repair
- The service will cover most joinery repairs plus limited small plumbing, electrical and external repairs

#### ***What do we not do?***

*Gardening; decorating; repair or service of gas or domestic appliances; external works over one storey.*

*This form should be returned to:*

Care & Repair Service  
Clyde Valley Housing Association  
50 Scott Street  
Motherwell  
ML1 1PN

Telephone Enquiry Line: 0800 048 2882  
E-mail: careandrepair@cvha.org.uk  
Fax: 01698 266271

#### *Disclaimer:*

*The responsibility and liability of Clyde Valley Housing Association ("CVHA") shall be limited to the extent required for the performance of its own duties. CVHA will not be responsible or liable for any losses arising from any breach of contract, acts of negligence and/or omissions on the part of others.*

## Request for Small Repairs Service

### ***Reason for Request***

Problems being experienced, ie, what type of works are required?

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Do you (or a member of your family) suffer disability YES/NO

Please describe

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### ***The Person***

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please see overleaf*