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|  | | | **Registered Office**  27 Napier Road  London  E15 3DW | | | | | **Food Distribution Address**  1A Jewel Road  E17 4QU  (E4 clients will be advised of alternative collection address) | | | | | | | | **Foodbank Opening Times**  Monday 6:30pm—7:30pm  Wednesday 6:30pm—7:30pm  Friday 6:30pm—7:30pm | | | | | | | | | |
| **Please complete form in BLOCK CAPITALS or type.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referrer Name** | | |  | | | | | | | | **Authorised Signatory** | | | | | | | |  | | | | | | |
| **Referrer Organisation** | | |  | | | | | | | |
| **Referrer Telephone** | | |  | | | | | | | | **Date** | | | | | | | |  | | | | | | |
| **Client First Name** | | |  | | | | | | | | **Client Surname** | | | | | | | |  | | | | | | |
| **Client Address** | | |  | | | | | | | | **Client Telephone (mobile preferred)** | | | | | | | |  | | | | | | |
| **No. Adults (in words)** | | | | | | | |  | | | | | | |
| **No. Children (under 16 in words)** | | | | | | | |  | | | | | | |
| **Reason for Emergency Food Referral (tick one box only)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benefit Changes** | | | |  | **Benefit Delay** | | | | |  | | **Debt** | | | | |  | **Low Income/No recourse to public funds** | | | | | | |  |
| **Unemployed** | | | |  | **Homeless** | | | | |  | | **Domestic Violence** | | | | |  | **Sick** | | | | | | |  |
| **School Holidays** | | | |  | **Salary Delay** | | | | |  | | **Other** | | | | |  |  | | | | | | |  |
| **Ethnicity (tick only one box)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** |  | **Mixed** | | | |  | **Asian** | | |  | | **Black** | |  | **Chinese** | | | | | |  | **Other** | |  | |
| **Age Group** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16-24** |  | **25-34** | | | |  | **35-44** | |  | | | **45-54** |  | | **55-64** | | | | |  | | **65 & over** |  | | |
| **Data Protection Act 1998**: I agree that my information will be retained by Eat or Heat. My personal details will remain confidential to Eat or Heat unless a referral is made on my behalf and with my consent. I understand that Eat or Heat will not pass my personal information to organisations for marketing and sales purposes  Please email this form to [referrals@eatorheat.org](mailto:referrals@eatorheat.org). Any questions call 0800 772 0212. Please do not send the client to us, we will contact the client with details of where and when to collect their food parcel.  Registered Charity in England and Wales No.1154192 | | | | | | | | | | | | | | | | | | | | | | | | | |