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|  | **Chingford Distribution**161 Chingford Mount RoadE4 8LT**Chingford Opening Times**Monday 11am - 11:30am | **Walthamstow Distribution**1A Jewel RoadE17 4QU | **Walthamstow Opening Times**Monday: 6:30pm - 7:30pmWednesday: 1pm – 2pm &  6:30pm - 7:30pmFriday: 6:30pm - 7:30pm |
| **PLEASE COMPLETE FORM IN BLOCK CAPITALS OR TYPE** |
| **Client First Name** |  | **Client Surname** |  |
| **Client Address** |  | **Client Telephone****(mobile preferred)** |  |
| **No. Adults (in words)** |  |
| **No. Children****(under 16 in words)** |  |
| **Children’s Ages** |  |
|  |
| **Referrer Name** |  | **Referrer Telephone** |  |
| **Referrer Organisation** |  | **Date of referral** |  |
| **Referrer Email Address** |  |
| **Reason for Emergency Food Referral (Please tick)** |
| **Benefit Changes** |  | **Benefit Delay** |  | **Debt** |  | **No recourse to public funds** |  |
| **Unemployed** |  | **Homeless** |  | **Domestic Violence** |  | **Sick** |  |
| **School Holidays** |  | **Salary Delay** |  | **Low Income** |  | **Other** |  |
| **Age Group** |
| **16-24** |  | **25-34** |  | **35-44** |  | **45-54** |  | **55-64** |  | **65 & over** |  |
| Under the General Data Protection Regulation (‘GDPR’) **Eat or Heat** must obtain your explicit consent to use your information, known as ‘Personal Data’. Personal Data includes, but is not limited to your name, address, telephone number and email address.**Eat or Heat** would like to hold and use your information for the purpose set out below:To add my contact detailsto the Eat or Heat client database for the purpose of providing emergency food aid. **The database is not shared with any agencies.** **The database will not be passed on or sold to anyone for any purpose**.By agreeing to this referral, I consent to **Eat or Heat** contacting me for the above purpose by: Post, Phone and or SMS Text Message Registered Charity in England and Wales No.1154192 |

**Referral Information Please Read**

* Please complete the whole form.
* Mobile contact information for the client is essential for us to send instructions of how to collect the emergency food aid. If the client does not have a mobile, we will need to know who to contact with collection details.
* The referral must be sent to referrals@eatorheat.org or posted to Eat or Heat, Quaker House, 1A Jewel Road, E17 4QU
* Please do not send the client with a printed referral form.
* The client should not attend the food bank until they have been contacted by us.
* We will contact the client with collection details, usually by SMS Text within three days of the referral being received.
* This referral will allow the client to attend the food bank on four occasions. These will be detailed in the SMS text sent by us.

***EAT OR HEAT OFFICE USE ONLY***

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| Date | Date | Date | Date |