

	<b>Chingford Distribution</b> 161 Chingford Mount Road E4 8LT <b>Chingford Opening Times</b> Monday 11am - 11:30am	<b>Walthamstow Distribution</b> 1A Jewel Road E17 4QU	<b>Walthamstow Opening Times</b> Monday: 6:30pm - 7:30pm Wednesday: 1pm – 2pm & 6:30pm - 7:30pm Friday: 6:30pm - 7:30pm
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**PLEASE COMPLETE FORM IN BLOCK CAPITALS OR TYPE**

<b>Client First Name</b>		<b>Client Surname</b>	
<b>Client Address</b>		<b>Client Telephone (mobile preferred)</b>	
		<b>No. Adults (in words)</b>	
		<b>No. Children (under 16 in words)</b>	
		<b>Children's Ages</b>	

<b>Referrer Name</b>		<b>Referrer Telephone</b>	
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<b>Referrer Organisation</b>		<b>Date of referral</b>	
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<b>Referrer Email Address</b>	
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**Reason for Emergency Food Referral (Please tick)**

<b>Benefit Changes</b>		<b>Benefit Delay</b>		<b>Debt</b>		<b>No recourse to public funds</b>	
<b>Unemployed</b>		<b>Homeless</b>		<b>Domestic Violence</b>		<b>Sick</b>	
<b>School Holidays</b>		<b>Salary Delay</b>		<b>Low Income</b>		<b>Other</b>	

**Age Group**

<b>16-24</b>		<b>25-34</b>		<b>35-44</b>		<b>45-54</b>		<b>55-64</b>		<b>65 &amp; over</b>	
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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 details to 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](mailto: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**

Date	Date	Date	Date
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