

Please tick if you are:	VEGETARIAN		VEGAN		HALAL	
Please tick the meat you CAN eat:	BEEF	PORK	CHICKEN	LAMB	FISH	
<b>PLEASE COMPLETE FORM IN BLOCK CAPITALS OR TYPE</b>						
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						
<b>Reason for Emergency Food Referral (Please tick)</b>						
Benefit Changes		Benefit Delay		Debt		No recourse to public funds
Unemployed		Homeless		Domestic Violence		Sick
School Holidays		Salary Delay		Low Income		COVID-19
<b>Age Group</b>						
16-24		25-34		35-44		45-54
						55-64
						65 & over
<p>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.</p> <p>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.</p> <p>The database is not shared with any agencies. The database will not be passed on or sold to anyone for any purpose</p> <p>By agreeing to this referral, I consent to Eat or Heat contacting me for the above purpose by: Post, Phone and or SMS Text</p> <p style="text-align: center;">Message Registered Charity in England and Wales No.1154192</p>						

**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**      *Referral Number*

Date	Date	Date	Date
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