

PLEASE COMPLETE FORM IN BLOCK CAPITALS OR TYPE										
Client First Name					Client Surname					
Client Address					Mobile Telephone Number					
					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		COVID-19				
Age Group										
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:</p> <p>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 and personal details will not be passed on or sold to anyone for any purpose unless agreed to by the named client.</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 message.</p> <p>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 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

Collection Date	Collection Date	Collection Date	Collection Date
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I agree to my personal details on this form, being passed to the following agency.	CLIENT SIGNATURE	Date
AGENCY NAME		