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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BME Ipswich LOGO 333 CCC yellow.tif | | | | BME SUFFOLK FOODBANK  Address: Unit 5, Coachmans Court Ipswich IP4 1DX  Contact: 01473210176 / 07492691190  Email: info@bmesuffolk.org  Website:www.bmesuffolk.org | | | | | | | | | | | | | | | | |
| **PLEASE COMPLETE FORM IN BLOCK CAPITALS OR TYPE** | | | | | | | | | | | | | | | | | | | | |
| **Client First Name** | | | |  | | | | | | | **Client Surname** | | | |  | | | | | |
| **Client Address** | | | |  | | | | | | | **Client Telephone**  **(mobile preferred)** | | | |  | | | | | |
| **No. Adults** | | | |  | | | | | |
| **No. Children**  **(under 16)** | | | |  | | | | | |
| **Children’s Ages** | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Referrer Name** | | | |  | | | | | | | **Referrer Telephone/Email** | | | |  | | | | |
| **Referrer Organisation** | | | |  | | | | | | | **Date of referral** | | | |  | | | | |
| **NATIONALITY:** | | | | | | | | **Have you contacted any other foodbank Yes or No** | | | | | | | | | | | | |
| **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** | | | |  | **others** | | |  | | |
| **Age Group** | | | | | | | | | | | | | | | | | | | | |
| **16-24** |  | **25-34** | | | |  | **35-44** | | |  | **45-54** |  | **55-64** | | |  | **65 & over** | |  | |
| Under the General Data Protection Regulation (‘GDPR’) **BME Suffolk Support Group** 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.  **BME Suffolk Support Group** 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 **BME Suffolk Support Group** contacting me for the above purpose by: Post, Phone and or SMS Text Message | | | | | | | | | | | | | | | | | | | | |

**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 [info@bmesuffolk.org](mailto:info@bmesuffolk.org) or posted to Unit 5, Coachmans Court Ipswich IP4 1DX
* **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.