

CONFIDENTIAL**SHERBORNE FOOD BANK****EMERGENCY FOOD/ESSENTIALS REFERRAL FORM**

First referral date:		Agency/source:			
Re-referral date:		Email:			
Referrer name:		Referrer contact tel. no:			
Client/recipient name: (state reason if not given)					
Client tel. no:			Delivery Postcode:		
Delivery Address:					
No. Adults:			No. Children/ plus ages:		
Any special dietary needs?					
Is there explicit permission for this contact information to be used by Sherborne Food Bank? YES/NO <i>(Please see our Data/Privacy Policy at www.sherbornefoodbank.org)</i>					
PROVISION REQUIRED	Single	Couple / small family	Family	Large family	
Duration of provision (in weeks):	1	3	6		
Toiletries/ sanitary:			Any pets/type?		
Baby/infant needs: (inc. age/size)					
Facilities at home:	All	Cooker	Microwave	Kettle	None
Has the client been made aware that food bank deliveries are only made on a FRIDAY? YES/NO					
Advise of a safe place for parcels if client is not at home: (We cannot make repeat visits)					
Reason for referral (helpful for usage analysis):					
Additional useful information:					
This form should be completed and emailed, or scanned to: help@sherbornefoodbank.org					