A picture containing company name

Description automatically generated

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Date of request  Is it safe to contact you? | |
| Full Address  Phone number  Email Address  Date of birth | | | |
| Number of adults at home  Number of children at home  Please include ages and gender | | | Are full cooking facilities available?  Cooker  Microwave  Kettle  No facilities |
| Currently receiving support from Threshold DAS  Yes/No | | Name of Support worker-  (Or Education contact) | |
| Details of any special dietary restrictions due to health/religion  Any known allergies? | | | |
| Subject to availability  Are you interested in receiving-  Please tick  Dry grocery  Fresh fruit/ veg  Meat  Hygiene products  Cleaning products | How often would you like to access this service?  (subject to staff availability)  Weekly  Fortnighty  Monthly  Prefered day for collection | |  |
| Would you be interested in cookery lessons or any other educational courses with  Threshold-DAS? | | | |
| “I understand that:-  (a) Threshold DAS is not responsible for the quality or quantity of food given out. We only pass on upon request food that has been received as a donation.  (b) Threshold DAS does not guarantee any specific quantity or availability of any specific food item.  (c) I am responsible for checking the food meets my needs and/or allergies prior to use and consumption. If I am in any doubt, I must not use the food and discard it.  (d) It may be necessary for staff to share and record information to be able to offer support. By completing and signing this form, I am accepting responsibility based on these terms and completely and unconditionally indemnify Threshold DAS in all aspects from any liability  Signature ………………………………………….........  Staff signature …...........................................  OFFICE USE ONLY  Customer Number….  Date registered……  Support worker (initials)  Added to database by…..  No. of people supported in this parcel…..  Other notes  Delivery | | | |
| The following Information is for statistical analysis for our funders. | | | |
| **What is your gender?**  Male Female I prefer not to say  I self-identify as.......................... | **Sexual orientation**  Bisexual  Gay or lesbian  Heterosexual  Other  I prefer not to say | | |
| I consider myself to have a disability  YES NO | My first language is ….............................. | | |
| |  | | --- | |  | | **Ethnicity. Please circle**  **White:** Welsh | | **White:** British (Welsh/English/Scottish/Northern Irish) | | **White:** Irish | | **White:** Irish or Gypsy Traveller | | **White:** Other | | **Mixed/multiple ethnic group:** White and Asian | | **Mixed/multiple ethnic group:** White and Black African | | **Mixed/multiple ethnic group:** White and Black Caribbean | | **Mixed/multiple ethnic group:** Other mixed | | **Asian or Asian British:** Bangladeshi | | **Asian or Asian British:** Chinese | | **Asian or Asian British:** Indian | | **Asian or Asian British:** Pakistani | | **Asian or Asian British:** Other Asian | | **Black or Black British:** Black Caribbean | | **Black or Black British:** Other Black | | **Other Ethnic Group:** Arab | | **Other Ethnic Group**: Other | | **Prefer not to say** | | | | |