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| Name | Date of requestIs it safe to contact you? |
| Full AddressPhone numberEmail AddressDate of birth |
| Number of adults at homeNumber of children at home Please include ages and gender | Are full cooking facilities available?CookerMicrowaveKettleNo facilities  |
| Currently receiving support from Threshold DASYes/No | Name of Support worker- (Or Education contact)  |
| Details of any special dietary restrictions due to health/religionAny 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 liabilitySignature ………………………………………….........Staff signature …...........................................OFFICE USE ONLYCustomer 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 ….............................. |
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| **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** |

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