

Please note: this form **must be completed by a representative of the agency making the referral** – NOT by the recipient of the assistance

Please complete Part A and send it to: **allstarsyouthclub.org@gmail.com** by **10.00am on the day of attendance at the Food Bank**

Charity Registration No. **281810**

Details of Referral Agency / organisation:	
Name of organisation	
Address (inc. post code)	
Tel. Number:	
Name of person making referral	
e-mail address for referring person	

Details of recipient:	
Name:	
Address (inc. post code):	
Is this the recipient's permanent address?	
Tel. Number:	

Length of residence at current accommodation	Years:	Months:	No permanent residence, currently:
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Has your organisation referred this individual to All Stars Food Bank before?	No ➡ Go to next page
	Yes ➡ Go to next question

If YES – on how many previous occasions has this individual been referred by your organisation	
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If the individual has been referred before, are all details the same as in previous referral?	No ➡ Go to next question
	Yes ➡ Go to part B

Household composition (if in accommodation): *delete as appropriate					
Living alone:		Living with spouse or partner:		Living with elderly parents:	
Living with children:					
Number of children per education age group:					
Pre -school	Nursery / foundation	Infant	Junior	Secondary	FE
Please tell us how many adults live in the household within these age ranges:					
18 – 21 yrs	21 – 25 yrs	26 – 35 yrs	36 – 64 yrs	65+ yrs	

Socio-economic circumstances of ALL adults in the household:

Please indicate how many adults (18 yrs+) in the household are in each of the categories below:					
Employed- Full time		Unemployed- Claiming benefits		FT Student	
Employed- Part-time		Unemployed- No Benefits		PT Student	
Other		Please specify:			

Additional social barriers faced by recipient or dependant:

	√		√
Subject to Benefit Sanctions		Family with recent significant reduction in income	
Mental Health Problems (currently)		Drug and/or Alcohol problem	
Temporary physical health difficulties		Permanent physical health difficulties	
Refugee		Ex-offender	
Other (please describe)			

Data Protection Act 1998

All Stars Food Bank adheres to the Principles of Data Protection. The details provided on this form and collected on our database will be managed by All Stars Food Bank and will only be shared with partners with the express consent of those identified in the data. The information provided will be shared for the purpose of administration, guidance and statistical and research purposes. At no time will personal information be passed onto third party organisations for marketing or sales purposes, without express consent from the individual referred, unless required to do so by law. All personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless it is adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

Declaration

I declare that all information given is correct to the best of my knowledge and belief.

Name of Referrer	



Referral Voucher for All Stars Food Bank – Part B

Please note: this form **must be completed by a representative of the agency making the referral** – NOT by the recipient of the assistance

Please complete Part B and give it to the individual being referred. Please ask them to **bring this section with them when they come to collect the food.**

Details of recipient:	
Name:	
Address (inc. post code):	

Referred by:	
Name of Organisation	
Address	

This individual is known to us. We believe that they are experiencing financial difficulties at present, and are struggling to get by. They are short of food and would benefit from receiving a food parcel from the All Stars Food Bank

Signed: _____

Organisation: _____