



COMMUNITY FOOD MEMBER APPLICATION FORM
Please complete all sections as fully as possible.

CONTACT INFORMATION

Organisation name:	
Charity number / Legal Status:	
Website:	
Primary contact name:	
Delivery address:	
Local authority:	

	Food Order Contact	Financial Contact	Marketing Contact
Name:			
Office Phone:			
Mobile phone:			
Email:			
Alt. Contact:			

SERVICES INFORMATION

Please select your main client group

<input type="checkbox"/> Families and/or people on low or no income. <input type="checkbox"/> Pre-school children. <input type="checkbox"/> Older people. <input type="checkbox"/> People with life limiting conditions. <input type="checkbox"/> Asylum seekers and refugees. <input type="checkbox"/> N.E.E.T.S. <input type="checkbox"/> B.M.E. <input type="checkbox"/> Homeless people and rough sleepers. <input type="checkbox"/> Schoolchildren. <input type="checkbox"/> People with drug or alcohol addiction. <input type="checkbox"/> People with physical health problems.	<input type="checkbox"/> People with mental health problems. <input type="checkbox"/> People affected by domestic violence. <input type="checkbox"/> Ex-offenders. <input type="checkbox"/> Ex-service personal. <input type="checkbox"/> L.G.B.T. <input type="checkbox"/> Looked after children / care leavers. <input type="checkbox"/> People who are long-term unemployed. <input type="checkbox"/> Young people. <input type="checkbox"/> People who are socially excluded. <input type="checkbox"/> Lone parents. <input type="checkbox"/> Other: _____
Secondary Client Group (from above list)	
Tertiary Client Group (from above list)	

Please select your groups primary activity

<input type="checkbox"/> Children & Families Centre	<input type="checkbox"/> Soup Kitchen
<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Supported Housing
<input type="checkbox"/> Community Centre	<input type="checkbox"/> Luncheon Club
<input type="checkbox"/> Community Cafe	<input type="checkbox"/> Training Centre
<input type="checkbox"/> Day Centre	<input type="checkbox"/> Residential Rehabilitation Service
<input type="checkbox"/> Drop-in Service	<input type="checkbox"/> Medical Facility
<input type="checkbox"/> Food bank	<input type="checkbox"/> Addiction Support
<input type="checkbox"/> Hostel	<input type="checkbox"/> Advice / Resource Centre
<input type="checkbox"/> Hospice / Care Home	<input type="checkbox"/> Refugee Centre
<input type="checkbox"/> Out of School / Youth Centre	<input type="checkbox"/> Prison
<input type="checkbox"/> School / Breakfast Club / After School Club	<input type="checkbox"/> Other: _____
Secondary Activity (from above list)	
Tertiary Activity (from above list)	

Beneficiary group details

Gender	Percentage
Male	
Female	
None of the above	
Prefer not to say	
Age	Percentage
Children (Under-11)	
Children (11-15)	
Young adults (16-25)	
Adults (26-64)	
Elderly (over 65)	
Prefer not to say	
Ethnicity	Percentage
Asian	
Black	
White	
Mixed Ethnicity	
Other	
Prefer not to say	

Please select primary service

<input type="checkbox"/> Social / Befriending	<input type="checkbox"/> Life Skills Training
<input type="checkbox"/> Recreational / Leisure	<input type="checkbox"/> Child Care
<input type="checkbox"/> Referral / Signposting	<input type="checkbox"/> Accommodation
<input type="checkbox"/> Benefits / Financial Advice	<input type="checkbox"/> Employment Support
<input type="checkbox"/> Training	<input type="checkbox"/> Mental Health Support
<input type="checkbox"/> Drug and Alcohol Advice	<input type="checkbox"/> Education
<input type="checkbox"/> Housing Advice	<input type="checkbox"/> Food Parcels
<input type="checkbox"/> Complementary Health	<input type="checkbox"/> Breakfasts
<input type="checkbox"/> Medical	<input type="checkbox"/> Meals
<input type="checkbox"/> Social Work Services	<input type="checkbox"/> Other: _____
Secondary Service (from above list)	
Tertiary Service (from above list)	

Please enter the number of servings

	Breakfasts	Lunch	Dinner	Food Parcels	Snacks
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Weekly Total					
Xmas hols					
School hols					
Bank hols					

Average number of beneficiaries per day: _____

Average number of unique beneficiaries per week: _____

How is the project Funded? _____

What is the amount spent on food each month? _____

Please select the types of communications you would like to receive / media activities you would be willing to undertake.

<input type="checkbox"/> Receive the local FareShare newsletter. <input type="checkbox"/> Receive the national FareShare newsletter. <input type="checkbox"/> Collaborate with FareShare to create a case study. <input type="checkbox"/> Allow FareShare to publicly disclose service (say we work together). <input type="checkbox"/> Allow FareShare to disclose non-contact data to 3 rd parties (report on what food we provide). <input type="checkbox"/> Allow FareShare to disclose contact data to 3 rd parties (pass on your contact details). <input type="checkbox"/> Collaborate with FareShare on Media Projects generally (specific projects would be agreed). <input type="checkbox"/> Allow 3 rd party media organisations to contact you by email. <input type="checkbox"/> 3 rd party media organisations are welcome to visit your site (with prior arrangement). <input type="checkbox"/> Grant permission to film at your site (with prior arrangement). <input type="checkbox"/> Grant permission to take photographs at your site (with prior arrangement).
Other Comments about Comms & Media: _____

FOR OFFICE USE: To be completed by FareShare

Active Date: ____ / ____ / ____ Delivery day/time: _____

Starting fee: £ ____ Per ____ (e.g. month) Payment method: _____

Facilities Inspected & Approved: Ambient Storage Chilled Storage Frozen Storage

Default Fulfilment Option: Delivery Collection LCP Delivery LCP Collection

Maximum Weight per allocation: _____

Other Notes: _____