



# Foodbank

Together with Trussell

# Referral Form

**Referral Agency:**

**Contact Name:**

**Contact Phone no:**

**Contact email:**

## Client details

First name:

Surname:

Year of birth:

Address:

Postcode:

Email address:

Mobile number:

**Usual household structure (please write number under appropriate age)**

## Adults

17-24 yrs      25-34 yrs      35-44 yrs      45-54 yrs      55-64 yrs      65-74 yrs      75+

## Children

0-4 yrs      5-11 yrs      12-16 yrs      Not specified

## Fair Processing Notice

We use your personal information to help understand your needs and provide you with emergency food. The food bank and the Trussell Trust have a legitimate interest to use information about you to show how food banks are being used and why they are needed.

Access to your information is restricted and can only be seen by the agencies who refer you, and authorised people in the Trussell Trust Foodbank Network who need to do so for food bank reasons.

**Agreement of Processing Notice**    yes/no

Consent to collect phone number and email address	yes/no
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**Collection:** 10am-11:30amm - Tuesday & Friday at Barleyfields, Wetherby

10:00-12 - Wednesday at The Barn, Tadcaster

Main source of income:

Reason why accessing the foodbank - for example Priority debt, change in income