



## Dalgarno Trust Food Bank Registration Form

**Please complete in BLOCK CAPITALS**

First name		Surname		
Address		Borough	K&C	H&F
		(Foodbank is for K&C residents only)	Westminster	Other
Postcode		Number of dependent Children under 18 (if any)		
Telephone		Email		
Gender	Male / Female / Other	Date of Birth		
<b>Ethnic Origin</b>				
<b>White</b>	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other European <input type="checkbox"/> Any Other White Background	<b>Asian or Asian British</b>	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> African Indian <input type="checkbox"/> Any Other Asian Background	
<b>Mixed</b>	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any Other Mixed Background	<b>Other Ethnic Group</b>	<input type="checkbox"/> Arab <input type="checkbox"/> Filipino <input type="checkbox"/> Iranian <input type="checkbox"/> Kurdish <input type="checkbox"/> Latin/South/Central American <input type="checkbox"/> Moroccan <input type="checkbox"/> North African <input type="checkbox"/> Other Middle Eastern <input type="checkbox"/> Turkish <input type="checkbox"/> Any Other Ethnic Background (please state) .....	
<b>Black</b>	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Somali <input type="checkbox"/> Any Other Black Background			
<b>Do you have a disability?</b>				
<input type="checkbox"/> Yes (please describe)				
<b>What is your current employment status?</b>				
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed part-time <input type="checkbox"/> Not Working <input type="checkbox"/> Self-employed <input type="checkbox"/> Voluntary Work				
<b>How did you find out about our centre?</b>				
<input type="checkbox"/> Dalgarno Trust Staff <input type="checkbox"/> Internet <input type="checkbox"/> Seen publicity <input type="checkbox"/> Word of mouth <input type="checkbox"/> Current User <input type="checkbox"/> Other (please state)				
<p>Thank you for completing this form. We would like to hold your contact information for our records and to get in touch with you about foodbank activities. We do not share your contact details with any person or organisation. We keep them entirely for our records so that we can contact you with any information about the food bank. Do we have your permission to hold this information?</p> <input type="checkbox"/> Please tick here				
Signature..... Date.....				