# Dalgarno Trust Food Bank Form

| Personal Details (Please complete in BLOCK CAPITALS) | | | |
|---|---|---|---|
| Forename | | Surname | |
| Address | | Postcode | |
| | | Number of dependent Children (if any) | |
| Telephone | | Email | |
| Gender | Male / Female | Date of Birth | |

| Ethnic Origin | | | |
|---|---|---|---|
| **White** | ☐ British/ English/ Welsh/ Scottish<br>☐ Irish<br>☐ Gypsy/Irish Traveller<br>☐ Any Other White Background<br>…… | **Asian or Asian British** | ☐ Indian<br>☐ Pakistani<br>☐ Bangladeshi<br>☐ Chinese<br>☐ Any Other Asian Background<br>…… |
| **Mixed** | ☐ White & Black<br>☐ White & Black African<br>☐ White & Asian<br>☐ Any Other Mixed Background<br>…… | **Other Ethnic Group** | ☐ Arab<br>☐ Any Other Ethnic Background (please state)<br>…… |
| **Black** | ☐ Caribbean<br>☐ African<br>☐ Any Other (Please State)<br>…… | | |

**Do you have a disability or health condition?**

☐ Yes (please describe)

**Do you have any food allergies?**

☐ Yes (please describe) ☐ No

**What is your current employment status?**

☐ Employed full-time ☐ Student ☐ Retired ☐ Unemployed
☐ Employed part-time ☐ Not Working ☐ Self-employed ☐ Voluntary Work

**How did you find out about our centre?**

☐ Dalgarno Trust Staff ☐ Internet ☐ Seen publicity
☐ Word of mouth ☐ Current User

Other (please state)

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. Do we have your permission to hold this information?

☐ Please tick here

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 operation.

**Signature**..... **Date**.....