|  |
| --- |
| Complete this application form to express your interest in receiving food and someone from your local regional centre will get back to you. **How we use your data?**By filling in the application form, you agree for your local regional centre to contact you by email or telephone to discuss providing food to your organisation. In addition the data will be used to facilitate the creation of food orders and invoicing should your application result in a membership starting. |

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Organisation Address** |  |
| **Contact Name** |  |
| **Contact Phone Number** |  |
| **Contact Email** |  |
| **Alternate contact name, number and email** |  |
| **Legal Status**Please cross (X) one of the following: |  | Charity | Charity Number |  |
|  | Exempted Charity |
|  | CIC | CIC Number |  |
|  | CIO |
|  | Statutory Organisation |
|  | Constituted Resident Group |
|  | Unregistered Community Group |
|  | Industrial & Provident Society |
|  | Other |
| **Website** |  |
| **Social Media Handles**This is so our FullCrumb Kitchen can connect with you and share great surplus recipes |  |

**Food Safety Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have your premises been inspected by your local Environmental Health Officer? | Yes |  | No |  |
| Date last inspected |  |
| Food Safety Level 2 Certificate or above held by at least one person involved in preparation / serving of food | Yes |  | No |  |
| **Please send a scanned / photo of the above when returning this application form.** |

**Invoice Information**

Payment of the membership fee is via BACS or cheque. All BACS payments must include the relevant invoice number as the reference to ensure no delay to processing of your payment. Cheques should be made payable to FareShare Yorkshire Limited.

We ask that all membership fees are payed either upfront or in line with provision

|  |  |
| --- | --- |
| **Organisation Name**(if different from above) |  |
| **Invoice Address**(if different from above) |  |
| **Contact First Name** |  |
| **Contact Family Name** |  |
| **Phone Number** |  |
| **Email**  |  |
| **Does Invoice Require PO Number (Purchase Number)** | **Y / N** |

**Organisation Service Provision Information**

**Nature of Project**

What is the nature of your project? Please select up to 4 different options from the list below by indicating 1 - 4 in the relevant boxes.

Please ensure the main nature of your project is indicated by a **1** in the relevant box.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Addiction Support |  | Medical Facility |
|  | Advice /Resource Centre  |  | Out of School Club/Youth Centre  |
|  | Children and Families Centre |  | Place of Worship |
|  | Community Café |  | Prison  |
|  | Community Centre |  | Refuge |
|  | Day Centre |  | Residential Rehabilitation Service |
|  | Drop-in Service |  | School / School Breakfast Club /After School Club |
|  | Foodbank |  | Soup Kitchen |
|  | Hospice / Care home  |  | Supported Housing |
|  | Hostel |  | Training Centre |
|  | Lunch Club |  | Other, please specify |  |

**Nature of Service**

What is the nature of the service offered by your project? Please select up to 6 different options from the list below by indicating 1 - 6 in the relevant boxes.

Please ensure the **Primary** service is indicated by **1** and is the **main service** provided by your project.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Accommodation  |  | Life Skills Training |
|  | Benefits / Financial Advice |  | Meals  |
|  | Breakfasts  |  | Medical |
|  | Child Care |  | Mental Health Support |
|  | Complementary Health |  | Recreational / Leisure |
|  | Drug & Alcohol Advice |  | Referral / Signposting |
|  | Education |  | Social / Befriending |
|  | Employment Support  |  | Social Work Services  |
|  | Food Parcels |  | Training |
|  | Housing Advice |  | Other, please specify  |  |

**Client Group Information**

Who are the client groups accessing the services offered by your project? Please select up to 6 different options from the list below by indicating 1 - 6 in the relevant boxes.

Please ensure the **largest client group** accessing your project is indicated by **1** in the relevant box.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Asylum seekers & refugees  |  | Older people |
|  | BME (Black & Minority Ethnicities) |  | People affected by domestic violence |
|  | Ex-offenders |  | People with drug and or alcohol addiction  |
|  | Ex-service personal |  | People with mental health problems |
|  | Families and/or people on low or no income  |  | People with physical health problems |
|  | Homeless & rough sleepers |  | Pre-school children |
|  | LGBT (Lesbian, Gay, Bisexual & Transgender) |  | School children |
|  | Lone parents |  | Socially excluded people |
|  | Long term unemployed |  | Young people in care/care leavers |
|  | NEETS (Not in Education Employment, Training) |  | People with life limiting conditions & disabilities |
|  | Other, please specify  |  |

Please ensure each table below totals 100%.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Male** | **Female** | **Transgender/ Non-binary**  | **None of the above** | **Prefer not to say** |  |
| **Gender** | % | % | % | % | % | **=100%** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Children (Under 11)** | **Children (11-16)** | **Young adults (16-25)** | **Adults (26-64)** | **Elderly (over 65)** | **Prefer not to say** |  |
| **Age** | % | % | % | % | % | % | **=100%** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Asian** | **White** | **Black** | **Mixed Ethnicity** | **Other** | **Prefer not to say** |  |
| **Ethnicity** | % | % | % | % | % | % | **=100%** |

**Funding & Food Spend Information**

Please tell us how your organisation is funded

|  |  |  |  |
| --- | --- | --- | --- |
|  | Donations  |  | Fixed fee per session |
|  | Membership fee |  | General Organisational funds |
|  | Pay as you feel |  | Grants  |
|  | Statutory funding  |  |  |
|  |  |  |  |
| If a charge is made for your food provision, please give detail here |

**Food Provision Information**

The below figures may be larger than the number of beneficiaries as you may provide the same person multiple times in a week

|  |  |  |
| --- | --- | --- |
| **Number of unique beneficiaries per week** If the same person comes several times a week this would only count as one. |  |  |

|  |
| --- |
| **Please tell us the total number of the below provisions you provide**  |
| Meals (not breakfast) | Breakfasts | Snacks | Food Parcels | Pantry shops |
|  |  |  |  |  |

Please briefly explain your food provision in your own words

|  |
| --- |
|   |

Are there any perishable foods, which the project would NOT wish to receive? (Give details)

|  |
| --- |
|   |

Are there any perishable foods, which the project is in need of? (Give details)

|  |
| --- |
|  |

What facilities are there on site for cooking and preparing food if relevant?

|  |
| --- |
|  |

22. What facilities are there on site for storing food?

|  |
| --- |
|  |

**Wrap Around Support**

Please give details of the project's access policy (e.g. open door etc.)

|  |
| --- |
|  |

Does the organisation have an equal opportunities policy? If yes, please explain how it is implemented (please attach policy if possible)

|  |
| --- |
|  |

One of the powerful elements of the FareShare service is that it allows the organisations who receive our food, to redirect often limited resources, enabling them to provide other vital wrap around services, thus supporting people out of a food insecure situation.

To help us understand how your project is providing wider support, please list up to three things your organisation is able to provide, which you will be better able to achieve with a FareShare membership, in the next 12 months or so:

|  |
| --- |
| i) |

|  |
| --- |
| ii) |

|  |
| --- |
| iii) |

**IMPORTANT**

**Please attach copies of food handling procedures, proof of Level 2 food hygiene training, and any environmental health officer reports/correspondence. Also enclose any further information you feel would be relevant to your application.**

**Many thanks and we look forward to hearing from you soon.**