 **FOOD club application form**

(Somer Valley, Keynsham and surrounding areas)

**Centre Interested in:** ❑ Keynsham **Date Joined:** ………………………

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| --- |
| **Title**: …… **Name**: ………………………..……………….**DOB**……………………**Ethnicity**……………………  **Address**: …………………………………………….………………..……… **Postcode**: ….……………………..  **Telephone number**: ……………………………………….. **Email address** ……………………………………. |

1. **About your family – Who will benefit from the FOOD Club?**

Name ……………………………………..Ethnicity………………………. DOB……… age…… Male/Female

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Name ……………………………………. Ethnicity……………………… DOB……… age…… Male/Female

1. **Eligibility** You must meet criteriaA, and either B, C, D, E, F, G – PLEASE TICK BELOW.

* A: I/we live within in Bath and North East Somerset and have a child under 18yrs.

*[We need PHOTO ID (eg Passport, Driving Licence) and proof of residency (e.g. Phone or Utility Bill) or* headed paper from employer or Copy of payslip or Photo ID]

* *B:* We receive free school meals or access Early Years 2-year funding
* C: I/we have recently been made unemployed or have loss of income
* D: I/we have been referred to the scheme by a Family Support Worker or another agency.
* E: I/we have claimed asylum in the UK and awaiting decision, or been refused asylum,

or leave to remain with ‘no recourse to public funds’ on family or private life grounds or the right to live in the UK as the main carer of a British citizen (‘Zambrano Carer’)

* F: I’m receiving universal credit or child tax credit, housing benefit, income support, JSA, ESA or working tax credit
* G: Exceptional circumstances – please detail**: ………………………………………………………**

Please list any allergies or foods you are unable to eat i.e. religious reasons …………………………………………………………………………………………………………..

Agency referred by …………………………………………………………………(Agency)

Name …………………………………………. Signature ……………………………Date: ………………

Signed by Agency Worker…………………………. Date………………

1. **Signature.** I agree to follow all the rules overleaf and understand that if I do not, I will be asked to leave the scheme and my place will be given to someone else.

Name …………………………………………. Signature ……………………………Date: ………………

Where did you hear about the Food Clubs e.g. Facebook/poster?...................................................... **Please send the completed form to** [**brightstartcc@bathnes.gov.uk**](mailto:brightstartcc@bathnes.gov.uk) **(‘Food Club Registration’ in Subject line) or post to Bath Children & Family Centre, 12 Charlotte St, Bath BA1 2NE.**

**Rules for joining the Children’s Centre FOOD Club.**

* There will be a £1 annual membership fee.
* A weekly charge is of £3.50. This will pay for a selection of groceries worth from £10-£15.
* A time slot may be given to you each week to collect your food
* Food must be for your own use.
* The food must not be returned to any of the retailers.
* Places are limited. If you do not turn up for more than 4 weeks and we haven’t heard from you, we will assume you no longer require access to the club.
* Only people over 16 named on the form can collect the food

**Information you supply to join this scheme**

Your personal information will not be shared with any other organisation without your permission.

The information supplied on this form will only be used by Bright Start Children Centre Services.

For any further enquiries,

contact: Bath Children & Family Centre reception (Mon-Fri) 01225 39 6662,

email: [brightstartcc@bathnes.gov.uk](mailto:brightstartcc@bathnes.gov.uk)

Allergies and Intolerances

**Vegetarian?........................................................................................**

**Vegan?................................................................................................**

**Halal?..................................................................................................**

**Any allergies/intolerances?...................................................................**