

**FOOD club application form**

(Somer Valley, Bath, Keynsham and surrounding areas)

**Centre Interested in:** ❑ Somer Valley ❑ Bath ❑ Keynsham **Date Joined:** ………………………

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

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

Name ………………………………………………………… Age………………. Male/Female

Name ………………………………………………………… Age………………. Male/Female

Name ……………………………………..…………………. Age………………. Male/Female

Name ………………………………………………………… Age………………. Male/Female

Name ………………………………………………….……. Age………………. Male/Female

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

* A: I/we live or work within 15 minutes of the Children’s Centre and have a child under 11yrs.

*[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 (Proof of work)]

* *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: Exceptional circumstances – please detail**:**

…………………………………………………………………………………………………………………..

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

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

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

1. **Signature.** I agree to follow all of 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**

**PTO**

for information

about FOOD Clubs.

**brightstartcc@bathnes.gov.uk** **(‘Food Club Registration’ in Subject line) or**

**post to St Martins Children Centre, 150 Frome Rd, Bath BA2 5RE.**

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

* There will be a £1 annual membership fee.
* A weekly charge is of £3.50 per food bag. 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
* All frozen and refrigerated food must be taken home in a chill bag (available to purchase for either £1 or £2 or bring your own)
* Food must be for your own use.
* The food must not be returned to any of the retailers.
* Places will be limited and demand is expected to be high. If you do not turn up for a number of weeks, you may lose your place in the scheme
* 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 Family Action, Bright Start Children Centre Services and Radstock Town Council:

1. Ensure staff are aware of food allergies.
2. Check that members of the public are signed up members of the scheme.
3. Produce anonymised reports of the number of people accessing the scheme.
4. Produce anonymised reports of the income of the people accessing the scheme.

If you stop accessing the scheme, your details will be deleted from all systems and your original paper membership forms will be deleted and shredded within 12 months of you leaving the scheme.

For any further enquiries,

contact: St Martins Children’s Centre reception (Mon-Fri) 01225 39 6004,

email: brightstartcc@bathnes.gov.uk