

Lucie's Pantry

Great food for great people



MEMBERSHIP REQUEST

PLEASE PRINT IN BLOCK CAPITALS

NAME:
ADDRESS:
PHONE:
EMAIL ADDRESS:

1. Do you ever struggle to pay:
Rent Energy Bills Other Essentials

2. Do you struggle to afford your weekly shop?
Yes No

3. How many people live in your household?
Adults Children

4. What is your current living situation?
 Social housing Private rental
 Owner occupier Lodger
 Other

5. What is your current employment situation
 Working
 Job seeking
 Retired
 Other

6. Are you interested in information about

<input type="checkbox"/>	Housing advice	<input type="checkbox"/>	Money/debt advice
<input type="checkbox"/>	Energy bills	<input type="checkbox"/>	Training/employment
<input type="checkbox"/>	Other		

MONITORING INFORMATION

1. What is your ethnic origin?

<input type="checkbox"/>	White	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other				

2. What is your age group?

<input type="checkbox"/>	16 - 24	<input type="checkbox"/>	25 - 44	<input type="checkbox"/>	65 and over
<input type="checkbox"/>	25 - 59	<input type="checkbox"/>	45 - 64	<input type="checkbox"/>	65 and over
<input type="checkbox"/>	60 - 64	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>	75 and over
<input type="checkbox"/>	Prefer not to say				

3. Is there any reason why you may find it difficult accessing this service?

If yes, please supply further information. We may be able to offer the necessary help.

In Signing this document, I confirm that the above information is correct. I also give consent for my information to be reviewed and used for the efficient and effective running of The Pantry.

SIGNED:	DATE:
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Membership Rules

Thank you for applying to become a member. This is a summary of the key things you need to know.

Membership

-Membership entitles you to one visit per week.

-Membership is restricted to one per household; proof you live there must be provided e.g. utility bill.

-Membership is E2.50 per week, you can pay by cash or standing order. Please ask if you'd like help setting up a

bank account.

-The Pantry reserves the right to cancel or refuse membership e.g.

- If you do not use the pantry in a 3 week period.
- You move away from the area.
- You behave in an unacceptable manner whilst visiting the pantry.

-If membership is cancelled due to non-attendance you can reapply, but may be placed on a waiting list.

-Membership is reviewed every 3 months.

-Members must show their membership card.

-To comply with food safety regulations stipulated by the

Pantry's suppliers you must bring and use the provided freezer bags. Failure to do so will prevent you from accessing your Pantry shop.

-Members must also provide an up-to-date temperature

reading from their fridge and freezer (using the provided thermometers). For food to be supplied fridges must read a temperature of between 1C to 5C and freezers -18C to -23C.

-Items available may vary from week to week due to the supplier the pantry uses.

-To ensure that members get a fair share of the products available, we may limit some to one per customer.

-There is no guaranteed availability of any item each week.

-If you suffer from any food allergies or intolerances and are unsure of a product's ingredients, please ask one of our trained volunteers for further information.

-Some available food products may come without labelling. The pantry will provide a list of ingredients for these on a separate sheet. Should you not receive one of these please ask a volunteer.

-The pantry may stock items which are near or passed their best before date. Best before dates are about quality, not safety. When this date has passed, it doesn't mean that the food is harmful, but it might have begun to lose its flavour or texture. These items will be clearly marked.

I have read and understood the above terms and conditions.

Signed:

Date: