



Referral Form

Please return this form in person or via email to The Stable 3-6 Wadham St WsM BS23 1JY or hello@thetableweston.com. You will then be contacted with further information

1. Basic Information:

Full Name:	
Date of Birth:	
Age (must be 16-25):	
Gender (optional):	
Address:	
Postcode (must live in Central Ward):	
Phone Number:	
Email Address:	
Preferred Contact Method (Phone, Email, Text):	

2. Referral Details:

Are you referring yourself or someone else?
(If referring someone else, include referrer's name, contact details, and relationship to the participant.)
Why are you referring this person to The Food Box? (Brief description of circumstances or why they'd benefit from the scheme)
How did you hear about The Food Box?

3. Dietary Requirements:

Do you have any dietary restrictions or allergies? (E.g., Vegetarian, Vegan, Gluten-Free, Nut Allergies, etc.)

4. Interests & Goals:

Why are you interested in participating in The Food Box? (E.g., to learn cooking skills, improve health, meet people, etc.)

Have you cooked before, or are you new to cooking?

What do you hope to gain from this program? (E.g., confidence, social connections, health benefits, etc.)

5. Additional Support:

Do you have any additional needs we should be aware of? (E.g., physical health, mental health, learning difficulties, mobility issues, etc.)

Are you currently receiving any support from other services or organisations? (If yes, please provide details.)

6. Volunteer Opportunities (Optional):

Would you be interested in volunteering for The Food Box?

7. Consent:

Do you consent to being contacted about the program and to The Food Box processing your data for the purpose of this initiative? (Yes/No)

Do you give consent for your photo to be taken and used for promotional purposes? (Yes/No, optional)

Signed

Date