



## FARESHARE COMMUNITY MEMBER APPLICATION FORM

Your organisation must meet the criteria in 'A GUIDE TO ESTABLISHING A FARESHARE FRANCHISE' and be registered with FareShare before it can receive food. Terms and conditions will be regulated by a contract signed by the FareShare project manager and by a representative of your organisation.

Please complete the application form below and return to your local FareShare project.

1. Project name:

2. Registered charity no:

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3. Organisation name (if different):

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4. Address of organisation (delivery and mailing):


Telephone number:

Fax number:

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Email:

Website address:

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Contact name and position:

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Alternative contact name and position:

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5. Type of agency (e.g. day centre, winter shelter):

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6. Please give details of the group(s) targeted by the project:

What is/are your main client group(s): Tick all that apply

- |                        |                          |                                   |                          |
|------------------------|--------------------------|-----------------------------------|--------------------------|
| Homeless men           | <input type="checkbox"/> | Client with drug and              |                          |
| Homeless women         | <input type="checkbox"/> | alcohol problems                  | <input type="checkbox"/> |
| Rough sleepers         | <input type="checkbox"/> | Mental Health                     | <input type="checkbox"/> |
| Homeless 16-25 yrs old | <input type="checkbox"/> | Physical health problems          | <input type="checkbox"/> |
| Single homeless people | <input type="checkbox"/> | Schoolchildren - primary school   | <input type="checkbox"/> |
| People at risk of      |                          | Schoolchildren - secondary school | <input type="checkbox"/> |
| Homelessness           | <input type="checkbox"/> | Young people (16-25)              | <input type="checkbox"/> |
| Women                  | <input type="checkbox"/> | Adults (26-64)                    | <input type="checkbox"/> |
| Ex-offenders           | <input type="checkbox"/> | Older people (64+)                | <input type="checkbox"/> |
| Asylum seekers         | <input type="checkbox"/> | Other                             | <input type="checkbox"/> |
| Families               | <input type="checkbox"/> | if Other, please specify:         |                          |

Client group details

What proportion of your client group falls into each of the following living situations?  Please give a percentage estimate.	Sleeping rough	%
	Hostel	%
	Housed (vulnerable)	%
	Other	%
Which age range does your client group belong to?  Please tick appropriate box.	Children (under 16)	
	Young adults (16-25)	
	Adults (26-64)	
	Older people (65+)	
	No specific age range	
How many clients on average do you serve-deal with on a daily basis?  Please tick appropriate box.	0 - 25	
	25 - 50	
	50 - 75	
	75 - 100	
	100 - 125	
	125 - 150	
	150+	
Is this a regular client group?	Yes	
	No	
Please estimate the percentage of male clients you serve on a daily basis.		%
Please estimate the percentage of female clients you serve on a daily basis.		%

Ethnic breakdown of client group

Which ethnic group does your project work with? Please tick all that apply, and provide percentage estimates for each selected ethnic group in the right column (Total of all ethnic groups should add up to 100%).

White - British	<input type="checkbox"/>	_____ %
White - Irish	<input type="checkbox"/>	_____ %
White - Any other background	<input type="checkbox"/>	_____ %
Mixed - White and Black Caribbean	<input type="checkbox"/>	_____ %
Mixed - White and Black African	<input type="checkbox"/>	_____ %
Mixed - White and Asian	<input type="checkbox"/>	_____ %
Mixed - Any other mixed background	<input type="checkbox"/>	_____ %
Asian or Asian British - Indian	<input type="checkbox"/>	_____ %
Asian or Asian British - Pakistani	<input type="checkbox"/>	_____ %
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	_____ %
Asian or Asian British - Any other Asian Background	<input type="checkbox"/>	_____ %
Black or Black British - Caribbean	<input type="checkbox"/>	_____ %
Black or Black British - African	<input type="checkbox"/>	_____ %
Black or Black British - Any other Black background	<input type="checkbox"/>	_____ %
Other Ethnic Groups - Chinese	<input type="checkbox"/>	_____ %
Other Ethnic Groups - Please specify: _____	<input type="checkbox"/>	_____ %

**TOTAL: 100%**

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

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

10. How is your organisation funded?

11. Other than food, what services does your centre provide?

Medical	
Complementary Health	
Advice	
Activities	
Training	
Referral to other agencies	
Other	

12. Please briefly describe all meals and food provided by the project:

	Breakfast	Lunch	Dinner
<b>Monday:</b>			
H(ot)/C(old)?			
No. of people served:			
<b>Tuesday:</b>			
H(ot)/C(old)?			
No. of people served:			
<b>Wednesday:</b>			
H(ot)/C(old)?			
No. of people served:			
<b>Thursday:</b>			
H(ot)/C(old)?			
No. of people served:			
<b>Friday:</b>			
H(ot)/C(old)?			
No. of people served:			
<b>Saturday:</b>			
H(ot)/C(old)?			
No. of people served:			
<b>Sunday:</b>			
H(ot)/C(old)?			
No. of people served:			

14. Is a charge made for this food? Please give details:  
(Please note it is important that any charge you levy is only used to help your organisation to provide the service and not directly for the food FareShare provides to you).

15. Estimated weekly food expenditure:

16. Where does the project currently receive and/or buy food from?

17. When could the project receive deliveries from FareShare?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<i>Times:</i>							

18. Please describe the delivery area (i.e. size, directions if different from main entrance), or if there is no specific area, describe road and parking conditions outside the project:

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

20. Are there any perishable foods, which the project is always (or nearly always) in need of? (Give details)

21. What facilities are there on site for cooking and preparing food?

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

23. Are staff trained in food handling? (Give details)

25. Do environmental health officers regularly inspect premises? (Give details)

## ADDED VALUE

By working in partnership with you, FareShare aims to achieve more than just feeding people.

One of the most powerful elements of the FareShare service is that it allows the organisations which receive our food, to redirect their often limited resources to provide other vital services to help people start to rebuild their lives.

In our 2003 National Impact Survey over 60% of the recipient projects said they could now spend money on other services such as training, medical services and counselling. 84% of these projects also indicated they can now regularly provide a much wider range of healthier food.

**We hope that our free food service also helps your organisation to use its funds to provide even more opportunities for those you serve.**

26. To help us measure this added value impact please list up to three things your organisation is hoping to provide, and that receiving our food will help achieve, in the next 12 months or so:

i)

ii)

iii)

**Please attach copies of food handling procedures, proof of food hygiene training, and any environmental health officer reports/correspondence. We would also welcome any other reports or publications on the project that you feel may be relevant.**

**Many thanks.**