



Poole Community Exchange

Parkstone United Reformed Church
Commercial Road
POOLE

BH14 0JW

Charity No 1178207

01202 733580

Mobile (Voicemail): 0778 333246

poolecommunityexchange@gmail.com
mark.phillips@bcpcouncil.gov.uk

POOLE PANTRY MEMBERSHIP REQUEST FORM

Last name		First name		Title	
Address					
Postcode		Email			
Telephone – your preferred contact number (and time of day if necessary)					
Please answer the following questions:					
1. Do you ever struggle to pay: <input type="checkbox"/> Rent <input type="checkbox"/> Energy bills <input type="checkbox"/> Other essentials					
2. Have you had to cut back on the amount you spend on shopping in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Do you ever run out of money toward the end of the week? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. How many people live in your household? Adults: _____ Children: _____					
5. Are you: <input type="checkbox"/> Working <input type="checkbox"/> Job seeking <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify) _____					
Monitoring information					
We aim to treat all members equally, regardless of race, colour, religion, ethnic or national origin, sexuality or disability. To check we are doing this and to check where there may be gaps in our service please will you give us the following information. Your answers will be treated in the strictest of confidence.					
What's your age group? – please tick box					
<input type="checkbox"/> 16 -24 <input type="checkbox"/> 25 – 44 <input type="checkbox"/> 45 – 59 <input type="checkbox"/> 60 – 64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 and over					
What's your ethnic origin? – please tick box					
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed <input type="checkbox"/> Other –please state: _____ <input type="checkbox"/> Prefer not to say					
What's your gender? – please tick box					
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Identify as trans <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say					
Do you or anyone else in your household consider yourself to have a disability? – please tick box					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

I confirm that I have given permission for the data given herein to be stored and used by Poole Community Exchange, on behalf of Poole Pantry, in accordance with the conditions at the foot of this page. -please tick box

We take data very seriously, and paper copies are kept secure at all times. Data from this form, if used, will be stored in a secure database. The person completing this form confirms by signing, that if he/she is the recipient of food provision, or if not, then the recipient themselves, has given permission for Poole Community Exchange (PCE), on behalf of Poole Pantry, to keep such data, provided that it is only used for the express benefit of the person, or the family, mentioned, and for anonymised statistics. The data will never be sold. PCE has lawful grounds to hold the data called "legitimate interest", this is because it is reasonable ("legitimate") for PCE to use the data in the way described, if it is to operate as people would expect. You have a right to request to *know more why we keep your data, what we use it for, how we keep it safe and your rights.* Contact PCE at the address above to request full details.

I confirm by signing, that I am aware of the Poole Pantry Membership rules. –please tick box

Signed Print name Date



FOR OFFICE USE ONLY

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Membership number

ID type **verified by (staff initials)**

Cool bag issued

Fridge thermometer issued

Volunteered **on:**

Signed (staff) **Print name**

Date