



food + clothing + furniture + skills

**Referrals to Re-dish, Common Ground and Community Champions:**

Thank you for your interest in the services of Re:dish. Referral forms can be submitted by an individual on their own behalf or by someone else on their behalf and with their consent. If you need assistance to complete the form please contact us by email or telephone.

Otherwise, please complete the Referral Form below and return it to:

By email to: [gemma.magee@re-dish.org](mailto:gemma.magee@re-dish.org)

Telephone enquiries to: 07498 996 634

**Confidentiality:** the information on this form will be treated as Confidential and will only be used by Re:dish to enable to provide support. We will only give information to other people, if you give us permission to do so.

**Access needs:** please inform us of any access requirements that you may have, eg information in large print. We will try our utmost to accommodate your needs.

**Acknowledgement of receipt:** we aim to acknowledge receipt of your Referral Form within 5 working days. If you have not received this within 5 working days please contact by telephone or email.

Please complete as much of the form as you can

**Enter details of the person being referred for support below**

Name:

Address:

Postcode:
Telephone number:
Date of birth:
Email address:

How would you like us to contact you (tick any boxes which apply)				
Letter	Telephone	Email	Text	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>If you are completing this form on behalf of another person who wishes to be referred to us please provide the following information and sign the statement below</b>	
Your name	
Organisation (if any)	
Your telephone number	
<p><b>Statement:</b> I confirm that the above person has asked me to complete and submit this form on their behalf and/or has given their consent for me to do so</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>	

## Client Equal Opportunities Monitoring

The purpose of equal opportunities monitoring is to check the effect of our company policies. This Equal Opportunities monitoring form will help us to do that. The form will be used for statistical purposes only and the information will only be seen by designated staff in confidence.

**Please tick relevant boxes, or complete.....**

Date of Birth	/ /
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Are you a disabled person	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Prefer not to state

Impairment	<input type="checkbox"/> Learning Disability
	<input type="checkbox"/> Mental Health
	<input type="checkbox"/> Sensory Impairment
	<input type="checkbox"/> Physical Disability
	<input type="checkbox"/> Acquired Brain Disorder
	<input type="checkbox"/> Autistic Spectrum Disorder
	<input type="checkbox"/> Other Long Term Health Condition
	<input type="checkbox"/> Not Disclosed

Gender	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
	<input type="checkbox"/> Transgender
	<input type="checkbox"/> Prefer not to state

Ethnicity	<input type="checkbox"/> White: British
	<input type="checkbox"/> White: Irish
	<input type="checkbox"/> White: Other
	<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: Other Mixed
	<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: Other
	<input type="checkbox"/> Black or Black British: Caribbean
	<input type="checkbox"/> Black or Black British: Black African

	<input type="checkbox"/> Black or Black British: Other
	<input type="checkbox"/> Chinese or other ethnic group: Chinese
	<input type="checkbox"/> Chinese or other ethnic group: Other Ethnic Group
	<input type="checkbox"/> Refused
	<input type="checkbox"/> Unknown
If other ethnic group, please specify:	

Sexuality	<input type="checkbox"/> Bisexual
	<input type="checkbox"/> Heterosexual
	<input type="checkbox"/> Homosexual/Gay male
	<input type="checkbox"/> Lesbian/Gay female
	<input type="checkbox"/> Prefer not to state

Religion	<input type="checkbox"/> Christian
	<input type="checkbox"/> Buddhist
	<input type="checkbox"/> Sikh
	<input type="checkbox"/> Muslim
	<input type="checkbox"/> Jewish
	<input type="checkbox"/> No religion
	<input type="checkbox"/> Prefer not to state
	<input type="checkbox"/> Other
If other religion, please specify:	