



FARESHARE NI COMMUNITY MEMBER APPLICATION FORM

Your organisation must be registered with FareShare NI before it can receive food. Terms and conditions will be regulated by a contract signed by FareShare NI and by a representative of your organisation.

Please complete this application form return it to the following address; Méabh Austin, FareShare NI Development Manager, Unit 3, Building 14, Central Park Industrial Estate, Mallusk, BT36 4FS

Project Name	
Charity No	
Organisation name (if dif	fferent):
Address (delivery and ma	ailing):
	Postcode:
Т	elephone number:
	Email:
	Website:
Fo	ood Order Contact:
	Financial Contact:
(e.g. day centre,	Type of agency hostel, food bank etc):

RIMARY / MAIN GROUP	
lease select your main client group lease type '1' for the main group you provide a service for ype '2' for second, and '3' for third group.	. If you cater for more than one group,
Families and/or people on low or no income. People with mental health problems. People affected by domestic violence. Looked after children / care leavers. Homeless people and rough sleepers. People with life limiting conditions. People who are long-term unemployed. People who are socially excluded. Asylum seekers and refugees. People with physical health problems. People with drug or alcohol addiction.	Pre-school children. Ex-offenders. Ex-service personal. L.G.B.T. Young people. Lone parents. Older people. Pre-school children. Schoolchildren. N.E.E.T.S. B.M.E.
Other:	
Other: RIMARY ACTIVITY Please select your group's primary activity Please type '1' for your main activity. If you have a number of	of activities, type $(2)'$ for 2^{nd} and $(3)'$ for 2^{rd}

BENEFICIARY GROUP DE	TAILS				
Gender Male Female None of the above Prefer not to say	Childr Young Adults Elderl	ren (Under-11) ren (11-15) g adults (16-25) s (26-64) y (over 65) r not to say	%	Ethnicity Asian Black White Mixed Ethnicity Other Prefer not to say	%
PRIMARY SERVICE					
Please select your group Please type '1' for your r Social / Befriendin Benefits / Financia Recreational / Leis Referral / Signpost Mental Health Sup Employment Supp Drug and Alcohol A Complementary H Social Work Service	main service, '2' formain service, '2' formain service, '2' formain service, '2' formain service service, '2' formain service, '2' form		3 rd .	Life Skills Train Child Care Food Parcels Breakfasts Accommodation Education Medical Meals Training	
Housing Advice	-		<u> </u>		
Other:					
NUMBER OF SERVINGS Please enter the number	er of servings Breakfasts	Lunch	Dinner	Food parcels	Snacks
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Weekly Total					
Xmas hols					
School hols					
Bank hols					
Dalik HOIS				<u> </u>	

Average number of beneficiaries per day:	
Average number of unique beneficiaries per week:	
How is the project funded?	
What is the amount spent on food each month?	
Receive the local FareShare newsletter Receive the national FareShare newslet Collaborate with FareShare to create a Allow FareShare to publicly disclose ser Allow FareShare to disclose non-contac Collaborate with FareShare on Media P Allow FareShare to disclose contact dat Grant permission to take photographs Grant permission to film at your site (w	case study. vice (say we work together). t data to 3 rd parties (report on what food we provide). rojects generally (specific projects would be agreed). a to 3 rd parties (pass on your contact details). at your site (with prior arrangement). ith prior arrangement). ome to visit your site (with prior arrangement).
Comms & Media:	

OTHER II	NFORMAT	ΓΙΟΝ					
_	details of the open door, re						
Does the or	ganisation ha	ave an equal	opportunities	policy?	yes	no	
	e explain hoved (or attach						
FOOD & DE	LIVERIES						
Is a charge i	made for this	food?			yes	no	
(Please not charge you organisation not direction provides to Estimated where does and/or buy	veekly food e s the project food from?	oortant that used to help the service food Fares expenditure:	your and Share	reShare NI?			
	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
times	IVIOII	Tues	vveus	illuis	1'''	Jat	Juli
tilles							
size, direct entrance), describe ro outside the	ny perishable	erent from no specific arking condi	main area,	would not	yes	no	
wish to rece	eive?					ш	

What facilities are there on site for cooking and preparing food?	
What facilities are there on site for storing perishable food?	
Are staff trained in food handling?	Yes No
If yes, give details:	
Do environmental health officers regularly in	spect premises? Yes No
If yes, give details:	
OTHER SERVICES	
Other than food, what services does your ce	ntre provide?
Medical	
Complementary Health	
Advice	
Training	
Training Referral to other agencies	

By workin	g in partnership with you, FareShare NI aims to achieve more than just feeding people.
receive ou	e most powerful elements of the FareShare service is that it allows the organisations, which ur food, to redirect their often limited resources to provide other vital services to help people build their lives.
We hope	that our free food service also helps your organisation to use its funds to provide even more
To help us	ities for those you serve. Is measure this added value impact please list up to three things your organisation is hoping to and that receiving our food will help achieve, in the next 12 months or so:
To help us	measure this added value impact please list up to three things your organisation is hoping to
To help us provide, a	measure this added value impact please list up to three things your organisation is hoping to

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.