

**Diner Sign Up Form**

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| **Do you have consent from the individual being referred to pass on their personal details ☐** |
| **Name:** | **Date:** |
| **Mr/Mrs/Miss/Ms:** | **Gender:**  | **D.O.B:** |
| **Address:** |
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|   | **Postcode:** |
| **How many at this address?**  | **Tel No:** |
| **Are there any risk factors that you know of with the Diner or their home?** (e.g. virus symptoms, knowledge of previous convictions, dangerous house setting, Diner has violent tendencies, known drug consumption etc) |  |
| **Pets?**  |  |
| **Smoker?** |  |

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| **Where did you hear about Meal Makers?** |
| **Name of referrer:**  | **Organisation:**  |
| **Referrers email:**  |
| **Referrers phone:**  |
| **Is the Referrer happy to be contacted in the future?** |

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| **Emergency contact:** | **Relationship:**  |
| **Tel No:** |
| **Arrange meals with emergency contact?** |

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| **What does the diner like to eat?** (please list as many meals and types of food as possible) |  |
| **Any dislikes?** |  |
| **Special considerations** (e.g. diabetic, coeliac, dairy-free, vegetarian, halal, kosher, allergies) |  |
| **What (if any) days would be unsuitable for the Diner?** |  |

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| **3 facts about Diner** e.g. Hobbies, Favourite music/TV/Film/Book, Past Career etc.  |
| 1. |
| 2. |
| 3. |

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| **If we are to send a volunteer into this person’s home to do a regular meal share is there anything else we should be aware of?** (e.g. communication problems, virus symptoms) |
| Staff Use Only |
| Have you confirmed these details with a referrer or emergency contact? | ☐ |
| Has the Diner been informed about Food Train Services? | ☐ |