**BESOM NON-FOOD REFERRAL FORM**

|  |  |
| --- | --- |
| **CLIENT NAME:** | **DATE:** |
| **ADDRESS:** |
| **POSTCODE:** | **CLIENT PHONE NO:** |
| **REFERRED BY:** | **REFERRER PHONE NO:** |
| **ORGANISATION:** |
| **Total Number in Household:** |
| **No. Male Adults (18yr+):** | **No. Male Children (incl.ages):** |
| **No. Female Adults (18yr+):** | **No. Female Children (incl.ages):** |
| **Brief reason for this referral:** |
| Please confirm that you have obtained client consent for personal data to be passed to us. We will only use it for purposes of this referral and not pass on to any third party. | Y / N |

|  |  |
| --- | --- |
| **KITCHEN STARTER & CLEANING PACK** | **Please use a Y or tick to indicate which items required.** |
| Saucepan set/frying pan (**please state if client has induction hob**) |  | Chopping Board |  |
| Oven Tray |  | Cooking Utensil Set |  |
| Measuring Jug |  | Tin Opener |  |
| Colander |  | Vegetable Peeler |  |
| Oven Gloves |  | Casserole Dish |  |
| Washing up Bowl, 2 Tea Towels, Sponge/Scourer & J-Cloths  |  | Washing up Liquid, Anti-bacterial Spray, Laundry Tablets, Hand Soap |  |
| Dustpan & Brush, Cleaning Cloths |  | Toilet Cleaner/Bleach |  |
|  |
| **CROCKERY PACK** |  |  |  |
| Dinner Plate, Side Plate, Bowl, Mug, Drinking Glass |  | Cutlery  |  |
|  |  |  |  |
| **SMALL ELECTRICAL PACK** |  |  |  |
| Kettle |  | Toaster |  |
| Microwave (for families with children under 12yrs only) |  |  |  |
|  |  |  |  |
| **BEDDING PACK** | **Please specify total number of each type required.** |
| Single Duvet & 1 Pillow (please specify total number required) |  | Double Duvet & 2 Pillows (for couple/double bed) |  |
| Single Bedding Set: 1 duvet cover, 1 pillowcase, 1 single fitted sheet |  | Double Bedding Set: 1 duvet cover, 2 pillowcases, 1 double fitted sheet |  |
| Other (please state): |

|  |  |
| --- | --- |
| **TOWEL PACK** | **Please state the number of sets required in total** |
| 1 Set comprising: 2 Face Cloths, 1 Hand Towel, 1 Bath Towel per person  |  |
|  |
| **TOILETRIES** | **Please use Y or tick to indicate items required** |
| Shower Gel, Shampoo, Conditioner, Deodorant, Toothbrush, Toothpaste |  |
| Sanitary Products (please circle if preference known): TAMPONS / TOWELS |  |
|  |
| **NEW MUM PACK** | **Please use Y or tick to indicate which items required** |
| Moses Basket, mattress & linen |  | Disposable Nappies, Baby Wipes, Nappy Sacks, Nappy Cream |  |
| Steriliser (please state if required & whether they have a microwave) |  | Baby Vest, Baby Suits, Cardigans, Hat, Socks |  |
| Feeding Bottles (please state if required/bottle feeding) |  | Baby Toiletries eg. shampoo etc |  |
| Changing Mat |  | Baby Bath |  |
| **Sex of Baby if known:** |  |
| **Due Date if known:** |  |
|  |
| **Any additional Information we should be aware of:** |