## **Food Recipient Registration Form**

This is a registration form only. It is not a guaranteed commitment from Satisfy Food Rescue to provide the recipient with food. The form is subject to our review and approval before a working relationship is formed. We will confirm in writing if / when this happens. We also understand that the information you provide is sensitive and privacy is important to you. We will only use this information for the purposes of managing food redistribution.

How did you near about Sati	sty Food Rescue?							
Family / Friends	Staff / Emplo	☐ Staff / Employees ☐ Facebook p			Website			
Clients	Other – pleas	Other – please indicate :						
GENERAL INFO								
Recipient's Full Legal		(	Charities Commi	ssion				
Name:			Registration Number:					
Are you affiliated to		\	Who are your clients? (open to					
any organisations? If			anyone? Homeless? Women					
yes, please list:			only? Elderly? Children? etc.)					
Head office address:			Physical Address of Food					
			Storage/Use Loc					
Director / CEO Full		Office Phone:						
Name:		Offic		ffice Fax:				
		(	General Email:					
Main Contact's Full		Dire		ect Dial Phone:				
Name & Position:		Mob		oile Phone:				
		Ema		nil:				
SERVICE INFO								
Office / general			Drop in / s	Drop in / service O		m	То	
Monday – Friday			Monday –	Friday				
Saturday			Saturday					
Sunday			Sunday					
No. of individual/unique	Daily average:		What geog	graphic				
clients served (i.e. don't	Monthly:		area do yo	u serve?				
count the same person twice):								
No. of families/groups	Daily average:							
served:		Monthly:						
Other services provided			Do you cha	arge for	Yes	No		
by your organization: (e.g.			meals or s		\$ for	_		
housing, budgeting,			If so, how much?		y 101			
support, advice, etc.)						_		
If you are a Foodbank:	Monday	☐ Monday ☐ Tuesda		•		Yes No		
which days do you make up food parcels?	Wednesday		away?	yone	If yes, is it due to lack of			
מף וטטע ףמונכוז:	Friday	☐ Weeke	end		Food [	_] Space	e / resource	
					Applicar	nt has e	xceeded quota	

## **PRIVATE & CONFIDENTIAL**

## **FOOD REDISTRIBUTION**

How frequently is your organisation able to collect food from Satisfy Food Rescue?	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly	Other (please detail):	Available to Receive/Colle Some food e.g. sandwiches & meals must be on same day or collection.	ready Eaten Thursda	Sunday day
FOOD REQUIREMENT	S				
Tick all that apply and c	ross out sub-items	if necessary:			
BREADS: Bread loaver rolls, twists, sticks and be BAKERY: Muffins, Caslices, Biscuits, Cup Caker Puddings, Scones, Pastri Croissants SANDWICHES: Sandwiches, Filled rolls, Croissants, Wraps What storage facilities as Refrigerator: Small	es, PRODICE cuns. Vegetable cakes, BEVER es, Milky or Y es, Coffees/To Pasta/Risc Filled rice, veget Soup, Quice care there on site?	JCE: Fresh Fruit a s AGES: Juices, Sm oghurt Drinks, Ice	oothies, Cereals, Sp	DAIRY: Milk, Cheese ghurts, Eggs  MEATS: Uncooked eat and Cold Meats am, Salami)  OTHER: Dried Fruit, ats, Chocolate, Lollies, creads, Chutneys, ther	Please provide details:
OTHER - Is there anythi	ng else you would	ike to mention?			
Please read and sign the is shared with all the pe	-				
Signature			Dat	te	
Full Name			Positio	on	

Please return your completed Registration Form and Terms & Conditions via email or to the postal address below.

## **Satisfy Food Rescue**

C/- Kaiapoi Community Support, 24 Sewell Street, Kaiapoi satisfyfoodrescue@outlook.com, 027 951 6052 www.satisfyfoodrescue.org.nz

