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| OFFICE USE ONLY |  |



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| **FAMILY NAMES (please include all surnames of family members within the household including adults and children)** | **Age of Parents/Carers/ Guardians:** | **Postcode:** |
| **Names of children, age & gender or EDD** | **Name** | **Age** | **M/F** | **EDD** | **Reason for Referral (why have the family been unable to source the items required. Please include brief outline of current circumstances)****Have they used us before (please ask your family)** |
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| **Toiletries – please specify if requried** | Number Required |
| Hospital Toiletry Pack i.e. maternity pads, breast pads, hygiene items – soap/shower gel etc |  |
| Adult Toiletry Pack i.e. shampoo, soap, shower gel, tooth brush and paste etc |  |
| Baby Essentials Pack i.e. shampoo, lotion, baby wash, oil etc |  |
| Child / Teenager Pack i.e. bubble bath, shower gel, tooth brush and paste etc |  |

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| **Nappies / Pull Ups** | **Size 1** | **Size 2** | **Size 3** | **Size 4** | **Size 4+** | **Size 5** | **Size 5+** | **Size 6** | **Size 6+** |
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| **Equipment** | **Comments** | **Number Required** |
| **Moses Basket bundle (to include basket, mattress, stand and bedding)** | **Are all items in the bundle required Y/N** |  |
| **Cot / Cot Bed (to include mattress)** | **Is bedding required Y/N** |  |
| **Toddler Bed( to include mattress)** | **Is bedding required Y/N** |  |
| **Single Bedding (to include duvet cover, pillow cases and sheet)** | **Please indicate which child / children this is for** |  |
| **Pram (from newborn)** |  |  |
| **Pushchair / Stroller**  |  |  |
| **Double Pushchair** |  |  |
| **High Chair / Table booster seat** | **Is weaning equipment required Y/N** |  |
| **Bouncy Chair** |  |  |
| **Sling (suitable for babies)** |  |  |
| **Stairgate (maximum 2 per family)** | **Please specify size of gate required** |  |
| **Play Mat** |  |  |
| **Baby Monitor** |  |  |
| **Baby Bath with Baby Towel** |  |  |
| **Bath Seat** |  |  |
| **Steriliser**  | **Electric or Microwave (if not specified, microwave will be provided)** |  |
| **Bottles (maximum 6)** |  |  |
| **Toys** | **Please specify who for** |  |
| **Books** | **Please specify who for** |  |
| **Changing Mat (subject to supply)** |  |  |
| **Potty** |  |  |
| **Other Items (such as bed guard, breast pump, bedding without bed)** |  |  |

**We provide a clothing bundle to include items such as tops, trousers, skirts, dresses, nightwear, jumpers etc. Please note that these will be appropriate to the current season at the time of the referral. Please indicate B/G/U (unisex) in the boxes next to the size required along with whether or not a coat is required.**

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| **Early / Small baby****Coat Y/N** |  | **Newborn****Coat Y/N** |  | **0-3 months****Coat Y/N** |  |
| **3-6 months****Coat Y/N** |  | **6-9 months****Coat Y/N** |  | **9-12 month****Coat Y/N** |  |
| **12-18 months****Coat Y/N** |  | **18-24 months****Coat Y/N** |  | **2-3 years****Coat Y/N** |  |
| **3-4 years****Coat Y/N** |  | **4-5 years****Coat Y/N** |  | **5-6 years****Coat Y/N** |  |
| **6-7 years****Coat Y/N** |  | **7-8 years****Coat Y/N** |  | **8-9 years****Coat Y/N** |  |
| **9-10 years****Coat Y/N** |  | **10-11 years****Coat Y/N** |  | **11-12 years****Coat Y/N** |  |
| **12-13 years****Coat Y/N** |  | **13-14 years****Coat Y/N** |  | **14-15 years****Coat Y/N** |  |
| **15-16 years****Coat Y/N** |  | **Maternity Clothing****Please specifiy size required** |  |  |  |

**Footwear – Please indicate if footwear is required. Please specify shoes and/or socks. We do not do larger than size 9 adult**

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| **Size C3** |  | **Size C4** |  | **Size C5** |  | **Size C6** |  |
| **Size C7** |  | **Size C8** |  | **Size C9** |  | **Size C10** |  |
| **Size C11** |  | **Size C12** |  | **Size C13** |  | **Size 1** |  |
| **Size 2** |  | **Size 3** |  | **Size 4** |  | **Size 5 adult** |  |
| **Size 6 adult** |  | **Size 7 adult** |  | **Size 8 adult** |  | **Size 9 adult** |  |

**PLEASE NOTE THAT ALL ITEMS REQUESTED NEED TO BE PICKED UP FROM OUR PREMISES BY THE PERSON MAKING THE REFERAL OR A COLLEAGUE, AND NOT THE FAMILY**

|  |  |
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| **Referral Details** |  |
| **Name** |  |
| **Organisation** |  |
| **Date** |  |
| **Contact Number** |  |
| **Email** |  |
| **Position / Job Role** |  |

 **TO BE SIGNED ON COLLECTION:**

**I hereby acknowledge my responsibility to respect the rules of the charity and have read the referral criteria. In the event that the family that I have referred to this service misuse, provide false information or try to sell items upon receipt, I will collect and return these items, to the bast of my ability**

**Signature :**

**Date**:

**Any information supplied on this form is used for our own business purposes only, and is stored for a maximum of 5 years, We do not pass any information on to third parties. The majority of items are donated so we cannot guarantee to have items in stock at all times.**