

Registration Form

Personal Details		
1	Name	
2	Address	
3	Any special instructions for delivery of food at this address	
4	Telephone/ Mobile Number	
5	Email	
6	Age	
7	Are you a wheelchair user?	Yes / No
8	Food Allergies (if any)	
9	Number of people who will need this service at your home and their age	1 2.
10	Next of kin and contact details	
Medical Details		
11	Doctor's name/surgery	
12	Telephone Number	
13	Please indicate why you need Meals on Wheels. (Please tick all that apply)	<input type="checkbox"/> Have difficulty preparing a meal <input type="checkbox"/> Unable to shop for food <input type="checkbox"/> Lack nutritious meals <input type="checkbox"/> Recently discharged from hospital
14	Do you have any Medical Condition/s? If yes, please give details	
Meal Preferences		
15	How often would you use Meals on Wheels service?	<input type="checkbox"/> Monday <input type="checkbox"/> Wednesday Friday <input type="checkbox"/>
16	What type of meal would you prefer?	<input type="checkbox"/> Veg only <input type="checkbox"/> Chicken <input type="checkbox"/> Fish

		<input type="checkbox"/> Vegan
Payment and Authorisation		
17	Please note that payment for the Meals on Wheels services can be collected via BACS or a cash payment at the Centre in Hasland.	Asian Association of Chesterfield & North Derbyshire NATWEST BANK PLC A/C Number: 71432205 SORT CODE 60-40-09 CHESTERFIELD BRANCH
<p>Protection: The information you provide on this form will be held on a secure database so that we can keep your records up to date whilst providing you with a response service. This is to enable us to deal with any queries or complaints which may arise as efficiently as possible. We do not pass your details on to any other external company.</p> <p>I / We authorise the information to be used on behalf of the service for Meals on Wheels.</p> <p>Name:</p> <p>Signature:</p> <p>Date:</p>		

Please email the completed form to saffronkitchen@asianassociationchesterfield.org