

# Community Pantry membership form



Membership number:

Community Pantry ('the Pantry')

Name:

'You'/'Your'

Address (including post code):

Telephone number:

Email address:

## About your household

How many adults live in your property?

How many children below 18 live in your property?

Main reason for your use of the Pantry (please indicate which apply):

Reducing food waste

Financial challenges

Live locally

Other, please specify:

Support your local community

Good value

## Monitoring information

We seek to be inclusive and address any disparities or underrepresentation in our existing structures and services. To ensure we are doing this and to check any gaps in our service, please can you provide the following information. Your answers will be treated in the strictest of confidence and used only for this purpose

1. What's your ethnic origin:

### WHITE

English

Welsh

Scottish

Northern Irish

Irish

British

Gypsy or Irish Traveller

Prefer not to say

Any other white background, please write in:

### MIXED/MULTIPLE ETHNIC GROUPS

White and Black Caribbean

White and Black African

White and Asian

Prefer not to say

Any other white background, please write in:

## ASIAN/ASIAN BRITISH

Indian	Pakistani	Bangladeshi
Chinese	Prefer not to say	

Any other Asian background, please write in:

## BLACK/ AFRICAN/ CARIBBEAN/ BLACK BRITISH

African	Caribbean	Prefer not to say
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Any other Black/African/Caribbean background, please write in:

## OTHER ETHNIC GROUP PLEASE STATE

### 2. What's your age group:

16-24	25-44	45-59
60-64	65-74	75+
Prefer not to say		

### 3. What's your gender

Male	Trans-male	Non-binary
Female	Trans-female	Prefer not to say

### 4. Do you or anyone in your household consider yourself to have a disability?

Yes	No	Prefer not to say
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### 5. What is your employment status? (please indicate which apply):

Full time employed	Part time employed
Self employed	Seeking employment
Retired	Long term sickness
Unemployed	Other

### 6. To what extent do you agree or disagree with the following statements (please select one option per row):

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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I feel like I belong to the neighbourhood

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I regularly stop and talk with people in my neighbourhood

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If I need advice about something I can go to someone in my local area

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I have enough food to feed myself and my family on a weekly basis

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I'm able to manage my money and spending effectively

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7. In general, would you say your health is (please select one option):

Excellent

Very good

Good

Fair

Poor

8. How many days a week do you eat fruit and vegetables? (includes tinned, dried, and fresh) (please select one option):

Never

1-3 days

4-6 days

Everyday

9. How well would you say you are managing financially these days? (please select one option):

Living comfortably

Doing alright

Just about getting by

Finding it quite difficult

Finding it very difficult

10. Would you like any information or support around:

School vouchers

Yes

No

Energy support

Yes

No

Housing support

Yes

No

If yes, please provide details about what support you need

Other support

Yes

No

If yes, please provide details about what support you need

11. Do you live in an Abri home? This can include leasehold, Shared Ownership and homes that pay services to Abri

Yes

No

## Conditions of membership

Membership of the Pantry is limited and is awarded on a first come, first served basis. Your membership is annual, and it entitles you to one visit to the Pantry per week.

To join the Pantry, you must pay a one-off fee of £1. At each visit you can pay either £3.50 for up to a maximum of 10 items or £5 for up to a maximum of 15 items.

The Pantry reserves the right to cancel or refuse your membership, examples may include:

- You are abusive to staff / volunteers of the Pantry
- You fail to comply with these terms and conditions for using the Pantry
- Selling on Pantry items to a third party

## Using the Pantry

- Members must give their membership number and payment to the Pantry staff member during each visit.
- Members must bring their own bag, we will not provide them in the café.
- Items available may vary from week to week due to availability from our suppliers.
- To ensure fairness to all, some products may be limited to one item per customer.
- There is no guaranteed availability of any particular item each week.

## Food information

It is the members responsibility to ensure they check food ingredients for any intolerances or allergies they may have towards foods.

The Community Pantry may receive unlabelled items. In these cases, the Pantry will do their best to provide a list of ingredients on a separate sheet.

The Community Pantry may stock items that have passed their best before date. Best before dates are about quality and not safety. When this date has passed it doesn't mean that the item will be harmful, but it may begin to lose texture / flavour. These items will be clearly marked.

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On signing this document, I confirm that all the information I have given is correct, and I consent to the Community Pantry (a part of Abri, the data controller) holding my information to ensure efficient and effective running of the pantry. I have been offered a copy of Abri's Privacy Notice that describes how my information will be processed and tells me what my rights are.

I understand that if I am a resident of Abri the information given on this form may be accessible to other parts of the Abri organisation that work with customers to help them improve their employment prospects or their access to benefits and other income or grant sources.

I agree that Abri may use my contact details:

- |                                                                                                                       |   |   |
|-----------------------------------------------------------------------------------------------------------------------|---|---|
| 1. To contact me to let me know about future events and projects, and to ask for my feedback on the community pantry: | Y | N |
| 2. FOR ABRI RESIDENTS ONLY: to contact me about income related support services:                                      | Y | N |

I hereby consent to the conditions of membership of the Community Pantry and to the processing of the information I have provided on this form by Abri. I understand that I can withdraw my consent at any time by contacting Abri by phone 0300 123 1567 or in writing to hello@abri.co.uk.

Signed:

Print name:

Date:

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Registered office: Collins House, Bishopstoke Road, Eastleigh, Hampshire SO50 6AD.

Authorised and regulated by the Financial Conduct Authority.

The Swaythling Housing Society Limited provides management services for subsidiaries in the Abri group. Further corporate information is available at [www.abri.co.uk](http://www.abri.co.uk)