**S.M.I.L.E LONDON & ESSEX**

52 North Street

Romford

RM1 1BH

T: 07415141437 **Charity No: 1177989**

E: [Info@smilelondonessex.com](mailto:Info@smilelondonessex.com)

W: [www.smilelondonessex.com](http://www.smilelondonessex.com)

**Registration Form DATE: \_ \_ / \_ \_ / \_ \_ \_ \_**

*Please note that all referrals must be made with the consent of the family. Please note the family*

**Have you discussed this referral with the family prior to completing this form YES/NO**

*must have a child living with them under the age of 16 years.*

This form will be held in confidence but may be shown to the family if requested. We try to respond to all referrals within 2 weeks after receiving the referral form to report progress. If you are having issues or concerns about the referral process or the support for the family please contact the team on 07415141437 or [Info@smilelondonessex.com](mailto:Info@smilelondonessex.com)

As part of our funding obligations to monitor the impact of social wellbeing a survey will be sent to all clients 24-48 hours after referral is received. We do require this to be completed before further support can be offered.

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: |  | Phone Number: |  |
| Address: |  | Post Code: |  |
| Email: |  | Nationality: |  |
| Age/gender child #1 |  | Age/gender child #4 |  |
| Age/gender child #2 |  | Age/gender child #5 |  |
| Age/gender child #3 |  | Age/gender child #6 |  |

**Services Required:**

*Please note that all services will require the client to travel to our Romford Hub. If the client is not able to travel, please ensure that arrangements are in place for a nominated individual to collect on their behalf.*

|  |  |
| --- | --- |
| Clothing Support **INCLUDE SIZES AND GENDERS** |  |
| Home Starter Pack  **INCLUDE ITEMS REQUIRED** |  |
| Emergency Food Support **ONE FREE BASKET OF SHOPPING PER CLIENT** |  |

**Referred By:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name of Agency: |  |
| Role: |  | Address: |  |
| Email: |  | Tel No: |  |

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Reference Number: |  | Proof of income received? |  |
| Appointment Date: |  | Further information required? |  |

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| **REGISTRATION NOTES:** |