



**Christmas / New Year Provision 2021  
Family Referral Form**



Please make sure to add all dependents into the form

**ABOUT THE CHILDREN & YOUNG PEOPLE (Children are classed as 18 and under)**

Child(s) Name: \_\_\_\_\_

\_\_\_\_\_

DOB and Ages (at xmas): \_\_\_\_\_

\_\_\_\_\_

What is the gender of each child/young person?

Male

Female

other \_\_\_\_\_

**ABOUT THE FAMILY**

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many live in the property? \_\_\_\_\_

Name of organisation or individual who made referral and a contact number and name

\_\_\_\_\_

Please make sure to inform the family of the referral. Please tick the box to inform us this has taken place [ ]

Does anyone in your family have any allergies/dietary requirements/cultural requirements?

\_\_\_\_\_

Area: PSG / FA'SIDE / OTHER (\_\_\_\_\_)

If PSG then select community:

Prestonpans ( ) Port Seton & Cockenzie ( ) Longniddry ( )

Please tick the boxes that you require during this holiday period (**this is an emergency service – so only select what you need**):

Christmas Present (Radio Forth Cash for Kids)

Jingle Bags

New Year Bags

Toiletries

**Additional notes**

Contact information will be stored and used only for the purpose associated with the delivery of our service. Please tick if you agree [ ]

**PRESTONPANS - Please return to Jonathan at the Pennypit Trust – this can be emailed via [jonathan.sharples15@gmail.com](mailto:jonathan.sharples15@gmail.com), handed in to our office (The Pennypit Trust, North Grange Avenue, Prestonpans, EH32 9BN) or fill out the information via our online link <https://forms.gle/b3oyG4Vy4trHpywU9>**

**PORT SETON & LONGNIDDRY – please contact Chloe on [chouston1@eastlothian.gov.uk](mailto:chouston1@eastlothian.gov.uk)**

### **Pennypit Community Development Trust & Connected Communities**

Any information (including photos, video & audio) we have of your child will be held in accordance with the General Data Protection Regulation (GDPR). The personal data collected on this card will be held securely and will only be used for administrative purposes relating to your consent.

You have the right to request a copy of the information we hold on your child and to request corrections or deletion of it.

Name of Child:

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

#### **Office use**

Form Received [ ]

Data Inputted [ ]

Date: \_\_\_\_\_

**Office use**

Form Received [ ]

Data Inputted [ ]

Date: \_\_\_\_\_