**** 

# Food Preparation & Budgeting Skills – 6 Weeks

**referral form**

**Before completing this form please discuss with your client whether they feel ready to engage with these classes and feel able to commit to the 6 week programme with the aim of promoting or developing independent living skills**

**Name**: …… Date of Birth……………………………………

**Address:** ……………………………………………………………………………………………………………………

**Post Code**: ………………….. Phone Number (s) ………………………………………………………….

**N.I. Number:………………………………..**

***Minimum level of requirement before attending the programme***

* Can your client follow instructions to cook ready prepared foods? Yes  No 

*If yes, please give an example* ---------------------------------------------------------

* Can your client name and use basic cooking utensils e.g. whisk, knife etc.

Yes  No 

*If yes, please give an example* ---------------------------------------------------------

* Does your client have an understanding of basic hygiene in the kitchen?

 Yes  No 

*If yes, please give an example* ---------------------------------------------------------

**Comments** (e.g. any Special Needs, Medical, Other information?):

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

………............................................................................................................

**How would your client best describe themselves? (the following questions are for equalities monitoring purposes only, they do not impact on the selection or acceptance to the course)**

**Sex assigned at birth?**

 Male  Female  Intersex  Prefer not to say

**How would you describe your gender identity?**

 Man (including female to male trans man)

 Woman (including male to female trans woman)

 Other gender identity (eg non binary)

If “other” please specify here……………………………………………………………..

 Prefer not to say

**Is your gender identity different to the gender you were assigned at birth?**

 Yes  No

**To which of the following ethnic groups would you describe your client as belonging?**

White: Scottish 

 Other British 

 Irish 

 Gypsy/Traveller 

 Polish 

 Other white ethnic group 

Mixed or multiple ethnic group 

African/African Scottish or British 

 Other 

Caribbean/Caribbean Scottish or British 

Black/Black Scottish or British: 

Other Caribbean or Black 

Asian/Asian Scottish or British: Indian 

 Pakistani 

 Bangladeshi 

 Other Asian 

Chinese/Chinese Scottish or British: 

Arab/Arab Scottish or British: 

Other ethnic group: 

Not Known: 

Referred by……………………………………………………………………..Date………………………………….

Job Title: ………………...................................................................................

Organisation: ………………..

Address: ………………..

Post Code: ………………………………Telephone: ………………………………….. .

Email address: …………………………………………………………………………………………………………….

**For information:** The Food Preparation and Budgeting Skills classes run for 6 weeks with participants attending on the same day each week. Classes last for 3 hours at a time which includes sitting down to eat their own meal at the end of class. It is important that participants attend all the classes. A certificate, recipe book and goody bag will be given to participants upon completion of the course. **Eligible** participants will also receive a REHIS Elementary Cooking Skills certificate through the post

**Please complete and return to: Cyrenians Good Food Programme, Flavour & Haver Cook School, 64-68 Jane Street, Leith, Edinburgh EH6 5HG**

OR **email:** **foodeducation@cyrenians.scot**

**Once the form is received, we will contact you to arrange for you and your client to come in for a chat about the programme and organise a start date.**

**Please note Edinburgh City Council is funding this programme and the information on the form is required for their ECCO database. Your data will be stored by them for 5 years after the last service accessed.**

Office use: Ack: …………..………