We are a registered local charity run entirely by a team of unpaid part-time volunteers. We aim to support people in Moray who have been homeless or are in need by providing a Starter Pack of basic household goods.

We do this by responding to individual application forms submitted by official referral agencies. **We will only accept applications** **through an agency such as Moray Council Housing Support, not directly to us.**

Each Starter Pack is made up of a combination of new items such as kettles and duvets and donated items like crockery, bedding and towels. We do not supply furniture like beds, tables etc... Everything is carefully chosen to help people settle into their new tenancy and get them started. We are also able to supply microwaves**,** butyou must explain in the application form ***why your client needs*** ***one***. Microwaves are most likely to be available to applicants with children, to young people (19 or under) or those who have a particular need.

Staff of an agency such as Moray Council Housing Support, Moray Women’s Aid, etc can apply for a Starter Pack on behalf of a client who is in need. We may need to seek additional information to establish your client’s situation. *We do not have the means to identify whether applicants are in genuine need, and so we rely upon the referring agency to carry out appropriate checks to identify their needs.*

Only request items that your client needs. Asking for ‘nice to have’ items – especially microwaves - may deprive other applicants. We cannot always guarantee stock availability of all items.

Confidentiality is ensured by only supplying the **first nam**e of the applicant plus the **first letter** of the applicant’s surname, and the area of the new tenancy, e.g. Elgin, Buckie, Forres, etc.

Please give your contact details and at least 48 hours’ notice of the client’s need for the Pack, the more notice the better. Each pack is made up to individual requirements.

Packs must be collected at the mutually agreed time between 09.00 a.m. and 11.00 a.m. Monday to Friday by the referral agency contact or by a colleague from:

MFS Store

Unit 10, Elgin Business Centre

Maisondieu Road

Elgin, IV30 1QP Tel 01343 550566 ( attended 9-11 weekdays)

Our relationship is with the referral agencies and *we will not deliver to clients*. The pack must be collected by the referral agency contact or a colleague, and *not by the client applicant*.

Email the completed application form to **contact@morayfreshstart.org.uk**  For enquiries please also email contact@morayfreshstart.org.uk

Many thanks for your cooperation in helping us support people throughout Moray. Please try to ensure that a Feedback form is completed and returned to Moray Fresh Start, or at least pass on any comments to us.

The form can be completed in Word in the editable boxes. Do not press ENTER in the editable boxes but use TAB to move through the form or click in the appropriate boxes. Alternatively, print out the blank form and complete by hand, then scan and email to Moray Fresh Start.

|  |
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| **Starter Pack Application Form – September 2024** |
| **Name of the Referral Agency** | Click to enter text. |
| **Date of Application** | Click to enter text. |
|  |
| **Referral Agency Contact Details** |
| **Postal Address** | Click to enter text. |
| **Contact Name** | Click to enter text. |
| **Contact email** | Click to enter text. |
| **Contact tel. number(s)** | Click to enter text. |
|  |
| **Indicate the preferred date(s) and time(s) for the collection.** We have a limited number of volunteers to administer the assembly of the packs so please be as flexible as possible. One of our volunteers will confirm or discuss the collection arrangements with the named contact. |
| **Collection date** | Click to enter text. | **Collection time (9am-11am)** | Click to enter text. |
|  |
| **Applicant details** |
| **Adult Applicant *First name*(s)** | Click to enter text. | **Adult Applicant surname FIRST LETTER ONLY** | Click to enter text. |
| **Town** | Click to enter text. |  |
| **Ages of everyone who will receive the Starter Pack items - including children** |
| **Number of Males** | **Age** | **Number of Females** | **Age** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

MFS Starter Pack Application Form - Sept 2024-v2.docx

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| **Starter Pack Application Form – September 2024**(click in the little boxes to choose – on or off) |
| **Electrical items** |
| Kettle |[ ]  Toaster |[ ]  Slow cooker (small) |[ ]  Slow cooker (larger) |[ ]
| Light bulbs (bayonet) |[ ]  Microwave |[ ]  Please explain in the box below why your client needs a microwave. You can request either a slow cooker OR a microwave |
| Why is a microwave needed? |
| **Bedding Items** |
| Number of double beds |  | Number of single beds |  | Number of cots |  | Towels |  |
| Duvet |[ ]  Duvet |[ ]  Blanket |[ ]  Bath |[ ]
| Pillow |[ ]  Pillow |[ ]  Sheets |[ ]  Hand |[ ]
| Bed linen set |[ ]  Bed linen set |[ ]   |  | Tea |[ ]
| **Kitchen items** |
| Dinner plates |[ ]  Side plates |[ ]  Bowls |[ ]  Mugs |[ ]
| Cutlery |[ ]  Kitchen utensils pack |[ ]  Kitchen knife |[ ]  Scissors |[ ]
| Chopping board |[ ]  Grater |[ ]  Tumblers |[ ]  Casserole dish |[ ]
| Frying pan |[ ]  Saucepan |[ ]  Milk pan |[ ]   |  |
| **Cleaning items** |
| Cleaning materials pack |[ ]  Small bin |[ ]  Washing up bowl |[ ]   |  |
| Dustpan with long-handled brush |[ ]  Spray mop |[ ]   |  |
| **Laundry items** |
| Airer |[ ]  Laundry basket |[ ]   |
| **Curtains and mats (when available)** |
| Curtains are for two sizes of windows – narrower (up to 1.5m wide) and wider (over 1.5 m wide). We do not sort by drop length. Normally, up to 3 pairs of curtains. |
| Number of pairs curtains for narrower windows |  | Number of pairs for wider windows |  |
| Washable small mat and runner |[ ]   |  |
| **Other items** |
| Notepad and pen |[x]  MFS Feedback form |[x]   |

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| --- |
| **Email this completed application form to** **contact@morayfreshstart.org.uk** |
| Pack collected by (please print) |  | Signature |  | Date |  |