We are a local registered 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. **Always apply 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 such as beds, table 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, SACRO, Moray’s 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.*

Please complete the attached application form as accurately as possible and 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 requesting 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.

Our website has the current version of the Application Form giving details of the items available. <http://www.morayfreshstart.org.uk>

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 a colleague from:

MFS Store

Unit 10, Elgin Business Centre

Maisondieu Road

Elgin, IV30 1QP

Our relationship is with the referral agency 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 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.

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (9-11)** | 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. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Electrical Items (click in the little box to choose – on and off)** | | | | | | | | | | | | | | | | |
| **Kettle** |  | | **Toaster** | |  | | **Slow cooker (small)** | | | |  | **Slow cooker (larger)** | | |  | |
| **Light bulbs (bayonet)** |  | | **Microwave** | |  | | **Please explain in box at bottom why your client needs a microwave. Request either slow cooker OR microwave!** | | | | | | | | | |
|  |  | |  | |  | |  | | | |  |  | | |  | |
| **Bedding items** | | | | | | | | | | | | | | | | |
| **Number of double beds** | Click or tap here to enter text. | | **Number of single beds** | | Click or tap here to enter text. | | **Number of cots** | | | | Click or tap here to enter text. | **Towels** | | | Click or tap here to enter text. | |
| Duvet | Click or tap here to enter text. | | Duvet | | Click or tap here to enter text. | | Blanket | | | | Click or tap here to enter text. | Bath | | | Click or tap here to enter text. | |
| Pillow | Click or tap here to enter text. | | Pillow | | Click or tap here to enter text. | | Sheets | | | | Click or tap here to enter text. | Hand | | | Click or tap here to enter text. | |
| Bed linen set | Click or tap here to enter text. | | Bed linen set | | Click or tap here to enter text. | |  | | | |  | Tea | | | Click or tap here to enter text. | |
|  | | | | | | | | | | | | | | | | |
| **Kitchen items** | | | | | | | | | | | | | | | | |
| Dinner Plates | Click or tap here to enter text. | | Side plates | | Click or tap here to enter text. | | Bowls | | | | Click or tap here to enter text. | Mugs | | | Click or tap here to enter text. | |
| Cutlery | Click or tap here to enter text. | | Kitchen Utensils Pack | | Click or tap here to enter text. | | Kitchen knife | | | | Click or tap here to enter text. | Scissors | | | Click or tap here to enter text. | |
| Chopping board | Click or tap here to enter text. | | Grater | | Click or tap here to enter text. | | Tumblers | | | | Click or tap here to enter text. | Casserole dish | | | Click or tap here to enter text. | |
| Frying pan | Click or tap here to enter text. | | Saucepan | | Click or tap here to enter text. | | Milk pan | | | | Click or tap here to enter text. |  | | |  | |
|  | | | | | | | | | | | | | | | | |
| **Cleaning items** | | | | | | | | | | | | | | | | |
| Cleaning materials pack | | Click or tap here to enter text. | | Small bin | | Click or tap here to enter text. | | Washing up bowl | | | | | Click or tap here to enter text. | Laundry basket | Click or tap here to enter text. | |
| Sweeping brush | | Click or tap here to enter text. | | Dustpan & brush | | Click or tap here to enter text. | | Mop & bucket | | | | | Click or tap here to enter text. | Dental pack | Click or tap here to enter text. | |
| Airer | | Click or tap here to enter text. | |  | |  | |  | | | | |  |  |  | |
|  | |  | |  | |  | |  | | | | |  |  |  | |
| **Other items** | | | | | | | | | | | | | | | | |
| Notepad & pen |  | | MFS Feedback form | | | | | |  |  | | | | | |  |
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| **A short explanation of why your client needs a microwave.** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Email the completed application form to contact@morayfreshstart.org.uk** | | | | | |
| **Pack Collected By (please print)** |  | **Signature** |  | **Date** |  |