**YMCA Neath Baby Bank – Self Referral Form**

This form is to be used by anyone wanting to access free issue items from **YMCA Neath Baby Bank**. Our Self-Referral Team members will call you on the phone number provided in order to discuss how we can help.

**Have you been asked to self-refer by a Social worker/Council worker/Health Visitor etc? Name of Professional if applicable**

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**Full Name (First Name and Surname)**

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

**Full Address and Post Code**

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

**Contact number (you will receive a voice call on this number for follow up/feedback)**

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

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

**Who lives with you?**

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

**Brief description of circumstances (why do you need help?)**

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**What do you need help with?**

Essentials i.e. Milk, nappies, toiletries, bottles

**Signature** ……………………………………… **Date** ……………………………………..

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| --- | --- |
| **Date** | **Comments** |
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