

Covid-19 outbreak - Help Needed

Please return to: Fenstanton Parish Council, 6 High Street, Fenstanton, PE28 9LQ

Full name: _____

Address: _____

Phone number (if available): _____ Email: (if available): _____

Please indicate the type of help you need:

- | | |
|--|--|
| <input type="checkbox"/> Shopping or delivery of food & general goods | <input type="checkbox"/> Emotional/spiritual support/ chat/check in |
| <input type="checkbox"/> Picking up & delivery of medical supplies, inc prescriptions | <input type="checkbox"/> Cleaning/sterilisation support |
| <input type="checkbox"/> Dog walking/pet care | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Health advice/check in | <input type="checkbox"/> Other _____ |