**Neighbourhood Shopping List**

**Date completed:**

**Personal Details**

Full name:

Confirm Contact Number:

Do you have any dietary or allergy requirements?

**Shopping List** *Please tick as many as applicable*

**Store Cupboard**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Please tick if wanted | Quantity | More details (if necessary) |
| Bread |  |  |  |
| Tinned baked beans |  |  |  |
| Tinned spaghetti |  |  |  |
| Cereal |  |  |  |
| Cooking oil |  |  |  |
| Jam |  |  |  |
| Orange juice |  |  |  |
| Apple juice |  |  |  |
| Pasta |  |  |  |
| Rice |  |  |  |
| Noodles |  |  |  |
| Tinned soup |  |  |  |
| Sugar |  |  |  |
| Tea |  |  |  |
| Coffee |  |  |  |
| Tinned tomatoes |  |  |  |
| Pasta sauce |  |  |  |

**Fresh items**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Please tick if wanted | Quantity | More details (if necessary) |
| Apples |  |  |  |
| Bananas |  |  |  |
| Oranges |  |  |  |
| Grapes (packet) |  |  |  |
| Pears |  |  |  |
| Onions |  |  |  |
| Carrots |  |  |  |
| Potatoes |  |  |  |
| Tomatoes |  |  |  |
| Milk |  |  |  |
| Eggs |  |  |  |

**Meat and meat substitute**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Please tick if wanted | Quantity | More details (if necessary) |
| Minced beef |  |  |  |
| Beef burgers |  |  |  |
| Chicken breast |  |  |  |
| Chicken thighs |  |  |  |
| Salmon |  |  |  |
| Cod |  |  |  |
| Prawns |  |  |  |
| Lamp chops |  |  |  |
| Pork sausages |  |  |  |
| Bacon |  |  |  |
| Veggie sausages |  |  |  |
| Veggie burgers |  |  |  |
| Veggie mince |  |  |  |

**Hygiene Items**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Please tick if wanted | Quantity | More details (if necessary) |
| Spray deodorant |  |  |  |
| Roll on deodorant |  |  |  |
| Panty liners |  |  |  |
| Tampons |  |  |  |
| Sanitary towels |  |  |  |
| Handwash |  |  |  |
| Male razors |  |  |  |
| Female razors |  |  |  |
| Shaving foam |  |  |  |
| Shampoo |  |  |  |
| Conditioner |  |  |  |
| Shower gel |  |  |  |
| Toothbrush |  |  |  |
| Toothpaste |  |  |  |
| Washing up liquid |  |  |  |
| Washing powder |  |  |  |
| Sponges |  |  |  |
| Cloths |  |  |  |

**Baby Items**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Please tick if wanted | Quantity | More details (if necessary) |
| Formula milk |  |  |  |
| Nappies |  |  |  |
| Baby wipes |  |  |  |
| Nappy bags |  |  |  |
| Fruit jars/pouches |  |  |  |
| Baby meal jars/pouches |  |  |  |

**Other Items – please add up to 3 extra items of shopping**

|  |
| --- |
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|  |
|  |