

WEST SUSSEX: SPECIAL DIET REQUEST FORM

Please complete all parts of this request form in full or your application will not be processed.

Chartwells allergen reports declaring the presence of the 14 mandatory Food Information Regulations allergens and nutrient counts (including carbohydrates, protein and fat) are available for all Chartwells recipes on current menus. Please request them from your local Chartwells contract office;
westsussexspecialdiets@compass-group.co.uk

Part A: Special Diet Information (to be completed by the Parent/Guardian)

Child's First Name

Child's Surname

Child's Date of Birth

Child's School Year Group

Parent/Guardian Name

Parent/Guardian's Phone number

Parent/Guardian's Email

School Name

School Address

Inc Postcode

Special Diet (please tick all that apply):

14 Main Allergens

- | | | | |
|---|-----------------------------------|----------------------------------|------------------------------------|
| ☐ Celery | ☐ Fish | ☐ Mustard | ☐ Soya |
| ☐ Cereals containing
Gluten | ☐ Lupin | ☐ Nuts | ☐ Sulphites |
| ☐ Crustaceans | ☐ Milk | ☐ Peanuts | |
| ☐ Eggs | ☐ Molluscs | ☐ Sesame | |

☐ **Other** (please state below)

☐ **My child requires an autoinjector (EpiPen) for their medical diet** (please tick if this applies and refer to point 8.2 on Chartwells Special Diet Policy for further information)

My child also requires their medical diet to be (please tick all that apply):

- | | | | |
|-------------------------------------|--------------------------------|------------------------------------|------------------------------------|
| ☐ Vegetarian | ☐ Vegan | ☐ Pork Free | ☐ Beef Free |
|-------------------------------------|--------------------------------|------------------------------------|------------------------------------|

Part B: Supporting Documentation (to be provided by the Parent/Guardian)

I confirm that I am attaching special evidence confirming the special diet requested in part A.

(please tick one or more as appropriate):

- ☐ Doctor/Dietitian Letter or Note
- ☐ Other medical professional Letter or note
- ☐ Professional medical care plan
- ☐ Chartwells Medical Evidence Support Form

Please refer to the Chartwells Special Diet policy for more information, for a copy please contact. westsussexspecialdiets@compass-group.co.uk For medical evidence requirements: See section 4.0 'Special Diet Requests & Processing'

A consent form will be sent for completion following the parents' receipt of the special diet, at which point a photo will be requested for a lanyard.

Part C: Terms and Conditions

By completing this special diet request form, parents/guardians are consenting for an adapted Chartwells special diet menu to be prepared for their child. The special diet menu will continue until Chartwells are notified in writing otherwise. It is the parent/guardian's responsibility to inform Chartwells in the case of any changes to the special diet requested for their child.

Chartwells can provide a jacket potato with a suitable topping from the date of receipt of a special diet request until the date a special diet menu has been confirmed for a child.

Chartwells will process the personal data you have supplied, in accordance with the data protection laws that apply to the UK. We do so to protect the vital interest of your child. We will only share this personal data with those people or organisations that may require it to keep your child safe and healthy. We will keep this personal data for no longer than is necessary, and at most for 3 months after they leave the school named on this form. Under UK data protection legislation, you have certain rights in relation to your personal data. These are more clearly stated on the full Privacy Notice on our corporate website.

This statement is only intended as a summary Privacy Notice.

Please use the link to see our full Privacy Notice: <https://www.compass-group.co.uk/about/privacy-policy>

For a full copy of the Chartwells Special Diet Policy please contact your local Chartwells office, westsussexspecialdiets@compass-group.co.uk

I confirm that I have read and understood the above

Parent/Guardian Name

Signature

Date

Please return this completed form with supporting medical evidence to your school or local Chartwells office
westsussexspecialdiets@compass-group.co.uk