

CHARTWELLS SPECIAL DIET REQUEST FORM

This form is to be completed by the parent / guardian or unit manager once a special diet menu is required and sent to the Chartwells special diet team

To ensure ultimate transparency this request form must be supported with medical correspondence or the request will not be processed. Parents / guardians should attach an up to date photograph of their child to help with identification. All information is held in accordance with data security and data retention policies. Further information on how we ensure compliance with GDPR can be found within the Compass Group privacy policy <https://www.compass-group.co.uk/about/privacy-policy/>

Please note there is a 3 week turnaround for all new special diet requests

Please tick one of the following options

1. *I require a special diet menu in place for my child that will be controlled by Chartwells*
2. *I do not require a special diet menu in place and along with my child will self-manage their special dietary needs using allergy reports without any further support from Chartwells*

PUPIL INFORMATION	
Pupil Name:	
Year Group:	
Allergies / Intolerances:	
PARENT INFORMATION	
Parent / Guardian name:	
Contact Telephone:	
CHARTWELLS INFORMATION:	
Unit Name & Number:	
Unit Manager:	
Contact Telephone:	
Regional Manager:	
Date Requested:	

SPECIAL DIET MENU APPROVAL

Once a proposed menu is received the parent / guardian should sign & date below to confirm approval of menu:

PRINT:

SIGN:

DATE:

Please attach a photograph of your child alternative a copy can be emailed.