

Important Notes & Guidance

Caterlink strives to provide menus for children with special dietary requirements whenever possible. The referral form is essential to allow the provision of a safe, special diet plans; therefore, all sections must be completed in full.

We have requested the personal information on this form about your child's food allergies and intolerance's in order to provide meals in line with their special dietary requirements. We will not be sharing this information with any third-party organisation. All personal information provided in this form is kept on a password protected database. We will only retain your information for as long as it is necessary to fulfil the purposes, we collected it for. Please contact admin@caterlinkltd.co.uk if you want to review, verify, correct, request erasure, or object to the processing of your personal information. Further details are contained within our Special Diet Process - Data Protection Fact Sheet, which is available on request.

Please sign the form below to give parental/guardian consent for this personal information to be used by us. Regrettably, if we do not receive this consent we will be unable to deal with your child's special dietary requirements.

*The form must be supported by a regulated healthcare professional (GP; School Nurse; Speech and Language Therapist or Dietitian), ensuring that the information on the form is accurate, to prevent any problems occurring with respect to interpretation and/or health and safety. Please note; we cannot process referrals from Nutritionists or Nutritional Therapists. We are unable to fund potential charges made by a GP, therefore we will accept a copy of a historical letter stating the dietary requirement from a regulated healthcare professional (GP; School Nurse; Speech and Language Therapist

Please scan and email completed forms to: admin@caterlinkltd.co.uk

Once received the following process will be followed in line with Caterlink's Allergy & Special Diet Guide:

1. Form and data will be passed onto the Operations Manager
2. If requested by the School or Parent of a child with an allergy, to arrange to meet/send menu to the parents of that child.
3. Information will be transferred onto a central password protected database managed by the local office
4. The dietary requirements will be checked and special dietary menu supplied to the parent.
5. The form and agreed menu will then be sent to the kitchen with an agreed date for implementation
6. The location manager will ensure that they are aware of the School's/sites' policy for identifying pupils/customers with Special Diets/Allergies so that they can identify which pupil/customer needs a meal that is for a Special Diet/Allergy
7. If the Location Manager is not confident that the School's/sites method of identifying those pupils/customers who need a specific meal is fit for purpose then the Location Manager must immediately raise the concern with their Operations Manager
8. The School's/sites' will identify pupils/customers with Special Diets/Allergies to the Location manager
9. Any menu change will be communicated to the parents/guardians and reissued to the kitchen.
10. Any complex requirements will be passed through Caterlink's Nutritionist for guidance and support, this may require a meeting or contact with the parent/guardian and school.

PLEASE NOTE: It can take up to 2 weeks to process new menus, once all information is received. No responsibility to provide a special dietary meal for a child will be accepted until a date of implementation of a menu has been agreed.

Allergy/Intolerance/Texture Modified Diet Referral Form (Brighton & Hove)

***ONLY TO BE COMPLETED FOR CHILDREN WITH AN ALLERGY OR INTOLERANCE**

This form must be emailed with supporting information to admin@caterlinkltd.co.uk

PUPILS DETAILS																					
Child's Name																					
Diet required or Allergy information <i>please circle</i>	<table border="0"> <tr> <td>Peanut</td> <td>Milk</td> <td>Crustacean</td> <td>Soybean</td> <td>Fish</td> </tr> <tr> <td>Celery</td> <td>Nuts</td> <td>Sesame Seeds</td> <td>Mustard</td> <td>Lupin</td> </tr> <tr> <td>Eggs</td> <td>Molluscs</td> <td>Gluten</td> <td>Sulphites</td> <td></td> </tr> <tr> <td colspan="5">Other – please state</td> </tr> </table>	Peanut	Milk	Crustacean	Soybean	Fish	Celery	Nuts	Sesame Seeds	Mustard	Lupin	Eggs	Molluscs	Gluten	Sulphites		Other – please state				
Peanut	Milk	Crustacean	Soybean	Fish																	
Celery	Nuts	Sesame Seeds	Mustard	Lupin																	
Eggs	Molluscs	Gluten	Sulphites																		
Other – please state																					
If a texture modified diet is required, please provide details																					
If your child is Diabetic, please provide details.																					
Date of Birth																					
SCHOOL DETAILS																					
Name of School																					
School Address (in full)																					
PARENT/GUARDIAN DETAILS																					
Contact Name (Parent/Guardian)																					
Address																					
Postcode																					
Contact - Phone Number(s) /																					
Email address (Required)																					
MEDICAL REFERRAL* (To be completed by a regulated healthcare professional such as GP or Dietician OR supported by a letter from a healthcare professional – state below if letter enclosed) WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET																					
A letter from a healthcare professional, old or new is acceptable. Please tick if enclosed.	<input type="checkbox"/>																				
Name of Healthcare Professional																					
Relevant Professional Qualification																					
Practice/Surgery/Hospital Address																					
Any further clarification/details on the special dietary requirement.																					
Healthcare Professional Signature	Date																				
Consent To Store Data in line with the General Data Protection Regulation (GDPR) (EU) 2016/679																					
I/we consent to the above data being stored in the manner described by Caterlink so that a suitable school meal may be provided for this child.																					
Parent/Guardian Signature(s)	Date																				

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