

Ask for/Gofynnwch am

Our Ref/Ein Cyf

Your Ref/Eich Cyf

Tel/Ffôn

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DX

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Civic Centre/Canolfan Ddinesig
Newport/Casnewydd
South Wales/De Cymru
NP20 4UR

Dear Parent/Carer

Universal Primary Free School Meals UPFSM

In line with the Welsh Government Initiative to provide all Primary school children in Wales with a free school meal by 2024, Newport City Council will extend the universal offering from September 2023 to include years 3 – 6. This commitment is in response to the rising cost-of-living pressures on families and our shared ambitions of tackling child poverty to ensure that no child goes hungry in school.

The universal provision does not replace your Free School Meal entitlement. If you are you are in receipt of any of the benefits listed below, please complete a Free School Meal application as you may be eligible for additional grants for school uniform. You can apply online at www.newport.gov.uk/freeschoolmeals. By registering, your school may also get additional money to be spent on supporting teaching and learning.

Qualifying benefits include:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of Pension Credit
- Child Tax Credit (provided not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit

Medical Prescribed Dietary Requirement

If your child has a medical diet requirement, please complete the Medical Diet Request Form (attached) and provide the relevant medical evidence (Doctors letter and/or Dietician letter) before the **4th July 2023**.

The deadline for new Reception class starters will be the **15th September 2023**. If you wish for your child to receive a school meal before the special diet request form is submitted, a jacket potato with a suitable topping and fresh fruit will be provided. Should you have any queries relating to special diets, please contact Chartwells in house dietician Rachel.margetts@compass-group.co.uk.

How to book a school meal

Parents will need to book their child's meal in advance of the day they are having the meal via **Parentpay**.

MEDICAL DIET REQUEST FORM

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

Our current **Allergy Aware Menu** has been formulated to cater for **only the 14 mandatory Food Information Regulations allergens (as below)**. If your child has one or more of the below listed allergies then the school will liaise with you to submit your child's menu choices from the **allergy aware menu**. **This will need to be communicated at least one week in advance to allow the kitchen to order ingredients.**

However, if your child has an allergy that sits **outside of the 14 allergies** e.g. *oranges or chickpeas*, then we ask parents to self-manage additional allergies and intolerances by opting for appropriate meal options on the menu. If a dish is not suitable then the pupil can be offered a jacket potato with a suitable topping and/ or fresh fruit as an alternative.

Part A: Medical 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

School Post code

Medical Diet (please tick all that apply):

14 Main Allergens

- | | | | |
|--|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Celery | <input type="checkbox"/> Fish | <input type="checkbox"/> Mustard | <input type="checkbox"/> Soya |
| <input type="checkbox"/> Cereals containing Gluten | <input type="checkbox"/> Lupin | <input type="checkbox"/> Nuts | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Milk | <input type="checkbox"/> Peanuts | |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Molluscs | <input type="checkbox"/> Sesame | |

Other

My child requires an autoinjector (EpiPen) for their medical diet (please tick if this applies)

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

- Vegetarian Vegan Pork Free Beef Free Halal

I give my consent for access to be given to medical documentation (please tick)

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

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I confirm that I am attaching medical evidence confirming the medical 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 Medical Diet policy for more information:

For medical evidence requirements:

See section 4.0 'Medical Diet Requests & Processing'

For identification of pupils following a Chartwells medical diet menu:

See section 6.0 'Identification of Customers with Medical Diets'

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Please attach a recent colour passport style photo of your child for identification purposes.

Please attach photo here

Part C: Terms and Conditions

By completing this medical diet request form, parents/guardians are consenting for the commencement of the pupil to be placed on to the Chartwells Allergy Aware Menu. The medical 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 medical diet requested for their child or if the child wishes to return to the main menu.

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

Chartwells reserve the right to decline a medical diet request if a risk assessment considers the medical risk too great or the request process is not completed in full (for example if insufficient medical evidence is provided).

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 years 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>

Please read Chartwells full medical diet policy here: <https://loveschoolmeals.co.uk/wp-content/uploads/2020/05/Medical-Diet-Policy-v1-LSM.pdf>

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 for it to be returned to the Chartwells Dietitian and Area Manager.

For any medical diet queries please contact: rachel.margetts@compass-group.co.uk