

February 2019

Dear volunteer,

We would like to hear about any special requirements relevant to you.

Please let us know of any ALLERGIES and the precautions needed. For example, are you allergic to bees, ants, nuts or any other thing?

What is the procedure for dealing with exposure to the allergy, do you have medication and where is it kept?

This is important so that the staff and other volunteers can be alert and exercise adequate caution while working with in the K.G lessons with you.

Please also tell us about any other dietary requirements you may have. They may not be life threatening, like allergies, but may cause discomfort to you, as in the case of intolerance to wheat or dairy products. Other examples of dietary requirements are Halal, Kosher, Vegetarian, or Vegan food. Please indicate how strictly you must adhere to these requirements.

A form is attached, please make sure you fill it in and return it to Desley Insall as soon as possible.

On the reverse of the Allergy and Dietary Requirements form is a request to permit the Foundation to use a photo of you on the Stephanie Alexander Kitchen Garden Foundation's website and in other publicity materials (such as newspaper and television articles). This is an exciting program and the media are very interested. Any publicity we generate will help to further the program at Collingwood College and other schools and also raises community support for the program. Can you please sign this form indicating you have no objection to the photos being used to promote the Kitchen Garden Program?

If you would like to discuss any of these matters further, please feel free to contact me on 9417 6681 or send an email to me at

insall.desley.d@edumail.vic.gov.au

Kind Regards,

Desley Insall
Kitchen Garden Co-ordinator and Kitchen Specialist Teacher
Collingwood College Kitchen Garden Program

ALLERGY AND DIETARY REQUIREMENTS FORM

For volunteers participating in the
Kitchen Garden Program at Collingwood College

PLEASE PRINT CLEARLY and return to Desley or Ben as soon as possible

Name _____

Known Allergies YES / NO (circle one)

Please give details of all dietary and other allergies. Please supply a
allergy management plan where needed and information of any
medicines and where you keep them.

Other Dietary Requirements YES / NO (circle one)

Please give details

How strictly is this adhered to?

Name printed

Signature

Date _____ / _____ / 2019

**PLEASE FILL IN
BOTH SIDES OF FORM**

MEDIA PERMISSION FORM

For volunteers participating in the
Kitchen Garden Program at Collingwood College

PLEASE PRINT CLEARLY and return to Desley Insall as soon as possible

I give my permission for myself

(Your Name) _____

to be photographed and for the image to be used for promotion of the **Stephanie Alexander Kitchen Garden Program at Collingwood College**. I understand their image may appear on the Foundation's general publicity material and on their website (as well as on Collingwood College website and noticeboards/classrooms) www.kitchengardenfoundation.org.au) and may also be used to promote the goals and values of the Stephanie Alexander Kitchen Garden Foundation more widely.

Name printed

Signature

Date _____ / _____ / 2019

**PLEASE FILL IN
BOTH SIDES OF FORM**