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*Registered Charity Number/ 1170952*

**Christmas Day Meal 2019**

St. Mary’s C.E Primary School

**Adscombe Street (off Alexandra Road)**

**Moss Side, Manchester, M16 7AQ**

**Nomination form**

* Only forms that have been **fully** completed will be accepted including full addresses
* Individuals can nominate themselves
* Priority will be given to South/Central Manchester/Old Trafford residents but please get in touch if you want to nominate someone living outside of these areas
* Please complete all sections or write NA for any parts that are not applicable
1. **Adult attendees’ details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many adults in the family will be attending? 🖵 - write a number

1. **Attendees: (please print)**

|  |  |  |
| --- | --- | --- |
| Adults Attending: Name | Age | Male/Female |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Child/children’s names | Age | Male/Female |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Parents / Carers welcome to bring children but they MUST maintain full responsibility throughout the day***

Address: …………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………..

Post code: ………………………………………………………

Telephone number: ………………………………………………………………………………………………………………

1. **Support Needs**

***Unfortunately, we are unable to offer a place to people who have significant support needs, unless they are accompanied by a carer.***

Does any person attending have a carer who will accompany them Yes / No

Name of carer: ………………………………………………………………………………..

 **3. Transport to and from the school**

Is transport required? 🞏 Yes 🞏 No

This is really important please check with the person you are referring if they will need a assistance with transport to attend the meal.

Does the person have mobility issues? 🞏 Yes 🞏 No

If yes please specify so that we can ensure an appropriate vehicle is sent to collect them: ………………………………………………………………………………………….

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**4. Dietary Requirements**

We will be cooking vegetarian/vegan options, pescatarian & Halal. If the person/family have any other dietary requirements we need to be aware of please state below and we will try our best to accommodate – also please note and any allergens/ intolerances

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

 **5. Referral agency details:** or write NA if you’re referring yourself

Contact Name: ………………………………………………………………………………

Agency: ………………………………………………………………………………………

Telephone number: …………………………………………………………………….......

Email address: ………………………………………………………………………………

To help us with our planning and catering please can you return your nomination form back by **Mid-day** ***Monday 16th December 2019***

***Places will be confirmed by Friday 21st December 2019***

**Please return all nominations to** events@manchestersouthcentral.foodbank.org.uk

**If you require any further information or to discuss the nomination form please contact:**

Michelle McHale

Office: 0161 226 3413

Mobile: 07598634476

Email: events@manchestersouthcentral.foodbank.org.uk