## ***Joining instructions***



### Please complete the information below, read the conditions of participation in the SFVS, and return this form to us. Details are at the bottom of this sheet. **You will not be able to receive fruit until you have signed and returned this form.**

|  |  |
| --- | --- |
| **Name of School** |  |
| **Address (inc. Postcode)** |  |
| **Local Education Authority** |  |
| **Region** |  |
| **DfE Establishment Number** |  |
| **URN Number** |  |
| **Name of Head Teacher** |  |
| **Name of your designated School Fruit & Vegetable Coordinator\*** |  |
| **School telephone number** |  |
| **School fax number** |  |
| **Generic Contact e-mail address (e.g. admin@)** |  |

**(\**the person who will be responsible for the operation of the SFVS in the school and act as a point of contact*)**

**Term Dates**

*Standard LA Term Dates Different to LA Term Dates*

|  |  |  |
| --- | --- | --- |
|  | **First Day of Term****(including inset – see below)** | **Last Day of Term** **(including inset – see below)** |
| **Autumn Term 1st Half**  |  |  |
| **Autumn Term 2nd Half** |  |  |
| **Spring Term 1st Half** |  |  |
| **Spring Term 2nd Half** |  |  |
| **Summer Term 1st Half**  |  |  |
| **Summer Term 2nd Half**  |  |  |

**Inset Days .**

Please insert the dates of your inset days for the academic year. Please let us know if your school is open to accept deliveries or completely closed on inset dates. If you are closed and cannot accept deliveries then your school may go without fruit for 2 days if the closure falls on your scheduled delivery day

**Fruit will only be provided for 190 days each academic year, without notification of inset dates deliveries will cease before the end of summer term once you have had 190 days of fruit**

|  |  |
| --- | --- |
| **Inset Dates** | **Can you accept Delivery on this date** |
|  | YES/NO |
|  | YES/NO |
|  | YES/NO |
|  | YES/NO |
|  | YES/NO |

**Key Stage 1 Pupil Numbers** – Please provide full breakdown and total the amount.

|  |  |
| --- | --- |
| **Year Group** | **Number of Children (breakdown and total)** |
| **Reception** |  |
| **Year 1** |  |
| **Year 2** |  |
| **Total Children** |  |

**Nursery Pupil Numbers** – Please provide full breakdown and total the amount.

Criteria for Nursery Classes

• Nursery units must **share an establishment number** and be based on **the same site** as a participating primary or infant school.

• Participating primary or infant schools will have an approved **age range of 3+.**  If it does not have an approved age range of 3+ the nursery unit based on the same site will not be eligible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Total number of nursery children** |  |  |  |  |  |

***If your classes do not fit these groupings please state the total only***

**Preferred start date: …………………………………………………………………………….…..**

##### Please state below any special requirements for delivery (e.g. access restrictions):

|  |
| --- |
|  |

## **Conditions of participation in the SFVS**

*To receive fruit as part of the SFVS schools must:*

* Designate one person who will act as School Fruit co-ordinator.
* Take delivery of fruit, check and sign to verify the quality and quantity supplied.
* Organise and take responsibility for the handling, storage and distribution of the fruit to children.
* Ensure one piece of fruit is made available free of charge to all eligible children for consumption during the school day OTHER than during the lunch break. (The preferred time for the fruit to be given to children is at or around morning break.)
* Offer parents and carers of eligible children the opportunity to exclude their children from receiving fruit.

I would like to participate in the SFVS and agree to the above conditions

Signed:

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

**Head Teacher Chair (or representative) of Governors Date**

# **Please sign and return this form (& keep a copy for your own records) to :**

**Schools Fruit & Vegetable Scheme c/o Foodbuy, Compass House, Guildford Street, Chertsey, KT16 9BQ**

**Tel: 0330 6780926 or by email to** **sfvs@supplychain.nhs.uk**

# PLEASE COMPLETE THIS PAGE, ONLY IF YOU ARE A SPLIT SITE SCHOOL AND ARE BASED OVER SEVERAL LOCATIONS/CAMPUSES

**For any additional sites please duplicate this page**

**Second Site/Campus Details**

|  |  |
| --- | --- |
| Name of 2nd School Campus |  |
| Address and **Post Code of 2nd Campus** |  |
| SFVS Co-ordinator at 2nd Campus |  | **Site contact Tel** |  |
| Email Address (if different from main site) |  |
| Delivery Point |  | Times schools site open (for receipt of delivery)  |  |

 Pupil Numbers – Please provide full breakdown and total the amount.

|  |  |
| --- | --- |
| **Year Group** | **Number of Children (breakdown and total)** |
| **Reception (age 4-5)** |  |
| **Year 1 (age 5-6)** |  |
| **Year 2 (age 6-7)** |  |
| **Total Children** |  |

**Nursery Numbers: – Please provide full breakdown and total the amount.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NURSERY CHILDREN ONLY** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Total number of nursery children**  |  |  |  |  |  |