**NHS TEST AND PROTECT CONSENT FORM for COVID 19 Testing**

**STAFF CONSENT**

This COVID 19 testing programme is being led by the Department for Health and Social Care and the Scottish Government to provide asymptomatic testing in schools for staff and senior pupils.

**Taking part in testing is voluntary.** There is no expectation or obligation to participate. Nobody should be required to undergo testing without consent, and nobody should be excluded from school if they do not wish to test.

Please read the following sections, complete the questions below and return this form to the school as soon as possible:

I have had the opportunity to consider the information provided to me by the school about this testing programme in the letter dated 12 February 2021. I have had the opportunity to ask any questions about the programme and, if I have, I have had these answered satisfactorily.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. I consent to participate in this testing programme. |  |  |
| 1. I consent to my data being held in accordance with the terms in the data privacy notice. |  |  |
| 1. I agree that if my test results are confirmed to be positive, I will inform the school to support contact tracing. |  |  |
| 1. I consent and agree to accurately recording all of my test results at [www.gov.uk/report-covid19-result](http://www.gov.uk/report-covid19-result) or by calling 0300 303 2713. |  |  |

**Staff name:** (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete and email to** [**jackie.beange@aberdeenshire.gov.uk**](mailto:jackie.beange@aberdeenshire.gov.uk) **from your work email address (.gov.uk or glow.sch.uk) as this will be used as authorisation in place of a handwritten signature**

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Office Use:

Date of receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If electronic return, email address matches the name on form: Yes/No

Consent receipt recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_