**NHS Test, Trace, Protect Consent Form for COVID 19 Testing**

**To take part in the programme and pick up kits from College you must consent to taking part. You must have read the information on testing on** [**www.cavc.ac.uk/Coronavirus**](http://www.cavc.ac.uk/Coronavirus) **including the privacy notice and the below consent information. When you sign this form you are showing your consent.

If you are under 16 years of age, or do not have the capacity to provide individual consent, you will need to download this consent form and have it signed by your legal parent/ guardian and hand this to the college before kits can be issued.**This COVID 19 testing programme is being led by the Department for Health and Social Care and the Welsh Government to provide asymptomatic testing for staff and pupils/learners in upper secondary school years and further education.

**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/college as soon as possible:

I have had the opportunity to consider the information provided to me by the school about this testing programme on the CAVC website [www.cavc.ac.uk/Coronavirus](http://www.cavc.ac.uk/Coronavirus) . I have had the opportunity to ask any questions about the programme and, if I have, I have had these answered satisfactorily.

For parents/carers/guardians of under 16s: I have discussed the testing with my child and my child is happy to participate. If on the day of testing they do not wish to take part, then they will not be made to do so.

Please sign below if you agree to the following:

1. I consent to participate/ my child participating in this testing programme.

2. I have understood that my/my child’s data will be held and shared in accordance with the data privacy notice.

3. I agree that if my / my child’s test results are confirmed to be positive, I / my child will inform the school to support contact tracing.

4. I agree to accurately record all of my/my child’s test results at [www.gov.uk/report-covid19-result](http://www.gov.uk/report-covid19-result) or by calling 119.

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| Name of Student) |  |
| Student Number |  |
| Name of Parent/Guardian if under 16 (PRINT) |  |
| Your Signature(If a parent/ legal guardian is signing on your behalf they must sign here in your place) |  |
| Date |  |
| Relationship to child if they are under 16  |  |

Thank you for completing this form.