**COVID-19 Staff Testing Consent Form**

The Department of Health and Social Care is rolling out a national round of testing for staff working for Social Care services.

This test is optional, and therefore we are seeking your consent to test you, collect your details to register your test in line with our data protection policies, and receive your results. Information about how the Department of Health and Social Care will use your information can be found here: <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-privacy-information/testing-for-coronavirus-privacy-information>. Specific information on care facilitates can be found in Annex 1.

***\*Each organisation to insert further details about data protection policies here****\**

**Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the employee), confirm that I have read the above information; I understand that my participation is voluntary and understand that I am under no obligation to agree to undertake this testing procedure using PCR testing and LFT testing kits.

I understand that whatever the outcome of the test, I should continue to follow all government guidance including with regards to PPE compliance, self-isolation and social distancing.

If you also consent for your result to be shared with **\*insert employer name\*** via email, please tick here:

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

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

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