**Consent form for COVID-19 testing at the College of West Anglia**

The information provided by you here will be kept securely for a minimum of 14 days and will be destroyed within 1 month of the end of the testing programme.

**Introduction**

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases. Anyone experiencing symptoms should follow [government guidelines to self-isolate](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection), even if they have had a recent negative lateral flow test.

Students aged 16 and over will normally be expected to provide consent themselves. For any students who are unable to provide meaningful consent, CWA expects this form to be completed by the relevant parent / guardian.

**Terms of consent**

1. I have had the opportunity to consider the information provided by the college about the testing, ask questions and have had these answered satisfactorily, based on the information I have received and in the Privacy Notice.

2. I consent to having / my child having a nose and throat swab for lateral flow tests. I / my child will self-swab if I / my child is able to otherwise I understand that assistance is available. In the case of under 16s or pupils who are not able to provide informed consent, I have discussed the testing with my child and they are happy to participate and self-swab (with assistance if required).

3. I understand that there may be multiple tests required and this consent covers all tests for the below named person. If, on the day of testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.

4 I consent that my / my child’s sample(s) will be tested for the presence of COVID-19.

5. I understand that if my /my child’s result(s) are negative on the lateral flow test I will not be contacted by the school/college except where I am / they are a close contact of a confirmed positive.

6. If the lateral flow test indicates the presence of COVID-19, I consent to having / my child having a nose and throat swab for confirmatory PCR testing. I/they will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.

7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I / my child is removed from school premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.

8. I consent that I / they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.

9. I agree that if my / my child’s test results are confirmed to be positive from this PCR test, I will report this to the college and I understand that I/ my child will be required to self-isolate following public health advice.

10. I consent that if a close contact of me / my child tests positive but I / my child has tested negative, I / they will continue to attend college but may be tested every day at college for 7 days.

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| **First Name** |  |
| **Last Name** |  |
| **Course** |  |
| **Campus** |  |
| **Date of Birth** |  |
| **Gender** – this information is needed for Department for Health and Social Care research purposes. | Male/Female |
| **Ethnicity -** this information is needed for Department for Health and Social Care research purposes. | Asian or Asian British  Black, African, Black British or Caribbean  Mixed or multiple ethnic groups  White  Prefer not to say |
| **Currently showing any COVID-19 symptoms?** |  |
| **First Line of Home Address** |  |
| **Home Postcode** |  |
| **Email Address** – this is where test results will be sent |  |
| **Mobile Number** – this is where test results will be sent. Please do not put a landline number – you can only receive test results to a mobile number. |  |
| **Name of parent/guardian giving consent (where relevant)** |  |
| **Relationship to test subject** |  |
| **Signature** (typing out your name is sufficient if you are filling in this form digitally) |  |
| **Today’s date** |  |
| Details of any health or accessibility issues which might affect a child’s safe participation in the testing exercise. |  |