## Consent Form and Test Registration

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bar Code Reference |  | **V** |  | **+** | Academy Use |
| Test Site |  |
| Test Date and Time |  |
| Date of Birth |  | Required |
| First name of pupil/staff |  | Required |
| Second name of pupil/staff |  | Required |
| Gender -this information is needed for DHSC research purposes. |  Male |  Female | Required |
| Ethnic Group **-** this information is needed for DHSC research purposes | Asian or Asian British  / Black / African / Black British / Caribbean / Mixed or multiple ethnic groups  / White | Optional |
| Ethnic Background |  | Optional |
| Travels to George Salter Academy |  School (pupils) |  |  Workplace (staff) |  | Academy Use |
| Travelled abroad in last 14 days? | No |  | Yes |  |
| Currently showing any COVID-19 symptoms?  | Yes |  No | Required |
| Country of residence |  | Post Code |  | Required |
| First line of address |  | Required |
| Email address - this is where test results will be sent |  | Optional |
| 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 |  | Required |
| Landline number |  | Optional |
| NHS Number |  | Optional |
| Name of parent/carer |  | Required |
| Signature to confirm agreement to this consent form (typing out your name is sufficient if you are filling in this form digitally) |  | Required |
| Date |  | Required |
| Data to be retained for 14 days and securely deleted no later than one month after testing period ends |
| Registration (Tick) |  |  |  Academy Log (Tick) |  |  | Academy Use |