**COVID TESTING PERSONAL DETAILS/CONSENT FORM JANUARY 2022**

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| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Year group (delete as appropriate)** | **YEAR 7 / YEAR 8** |
| **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?** |  |
| **Home Postcode** |  |
| **First Line of Home Address** |  |
| **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** |  |
| **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. |  |