

NHS TEST AND PROTECT CONSENT FORM for COVID 19 Testing

STUDENT VERSION

This COVID 19 testing programme is being led by the Department for Health and Social Care and the Scottish Government to provide asymptomatic testing in colleges and the University of the Highlands and Islands (UHI).

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 college/campus if they do not wish to test.

Please read the following sections, complete the questions below and return this form to Moray College UHI as soon as possible:

I have had the opportunity to consider the information provided to me by the College about this testing programme which was published on the College web site at <https://www.moray.uhi.ac.uk/students/coronavirus-covid-19/covidtesting/> on 27th April 2021. 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 published on the College web site at <https://www.moray.uhi.ac.uk/students/coronavirus-covid-19/covidtesting/>.
3. I agree that if my / my child's test results are confirmed to be positive, I / my child will inform the college 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 or by calling 0300 303 2713.

To be completed by students aged 16 or over:

Name of Student: (PRINT) _____

Course group _____

Signature _____

Date: _____

If aged under 16, please ask a parent/carer to complete this section:

Name of Parent/Guardian: (PRINT) _____

Signature _____

Date: _____

Relationship to child: _____