



COVID-19 Home Testing Consent & Registration PRINT VERSION

This is the consent & registration form. The data collected in this form is a national requirement and as a result must be shared with the RJA Home COVID Testing Response Team. You will need to fill this form out before you receive your test kit. You will only need to fill this out ONCE.

* Required

* This form will record your name, please fill your name.

Consent Form

1. Dear Colleague,

All patient-facing staff members across UK need to take regular Covid-19 tests, even if they don't have symptoms. This is called home testing, and it helps to protect patients and other staff members from the risk of infection.

Home testing uses a new Point of Care Test (POCT), called Lateral Flow Antigen Testing Devices, sometimes known as LFDs. You need to complete two of these tests each week. *

☐ I agree to take part in the asymptomatic staff Covid-19 testing programme.

2. I understand the results will be stored confidentially and will not be visible to all staff. I agree to inform my line manager immediately of a positive result and agree to the following:

I will complete a Lateral Flow Devices (LFD) before coming into work twice a week and upload my results via the online portal, including any issues I have with the test.

If I have a positive LFD test, I need to contact the Absence Reporting Line (01691 404467) to book a PCR test. I will need to self-isolate while waiting for the PCR test and the result.

The Absence Reporting Line operates from Monday to Friday, between 8am and 7pm, and at weekends from 9am until 11am.

If the PCR test is negative, I will come back to work and restart the LFD testing programme.

If the PCR is positive, I need to self-isolate for 10 days from the date of the LFD positive test and restart LFD testing 90 days after.

My family needs to self-isolate for 14 days if I am PCR positive. *

☐ I agree

3. I have watched the training video - <https://learninghub.nhs.uk/self-swab> (<https://learninghub.nhs.uk/self-swab>). *

☐ Yes

4. I have read the instructions form - <https://www.rjah.nhs.uk/RJAHNHS/files/49/49564f7b-9bb6-4b68-8083-661308a81a59.pdf> (<https://www.rjah.nhs.uk/RJAHNHS/files/49/49564f7b-9bb6-4b68-8083-661308a81a59.pdf>). *

☐ Yes

5. Please sign your FULL NAME as CONSENT *

Registration

Please enter your personal details in this section. You only need to register once.

6. First Name *

Enter your first name here

7. Last Name *

Enter your last name here

8. Gender *

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say

9. Date of Birth



Format: M/d/yyyy

10. Postcode of Residence *

11. Ethnicity *

- ☐ White -British
- ☐ White - Irish
- ☐ White - Any other white background
- ☐ Mixed - White and Black Caribbean
- ☐ Mixed - White and Black African
- ☐ Mixed - White and Asian
- ☐ Mixed - Any other mixed background
- ☐ Asian or Asian British - Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British - Bangladeshi
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - African
- ☐ Black or Black British - Any other black background
- ☐ Other ethnic groups - Chinese
- ☐ Other ethnic groups - Any other ethnic group

12. Coronavirus Symptoms *

Select whether you have any of the following coronavirus symptoms:

- a high temperature*
- a new, continuous cough*
- a loss or change to your sense of smell or taste*

- ☐ Yes
- ☐ No

13. NHS Number (if known)

This can be found in most documents or letters sent to you by the NHS

14. Job Role *

15. Department or Ward *

16. Staff Number (if known)

This can be found on your payslip - One way to find your payslip is via <https://my.esr.nhs.uk/> (<https://my.esr.nhs.uk/>).

The value must be a number

17. Email Address *

Enter your NHS email address here

18. Mobile Number *

Enter your mobile number here

The value must be a number

19. Manager's Name

Enter your manager's full name here

20. I give consent and permission of my manager to upload my consent & form.

(Please sign your name)

Consent & Registration

You will now need to give this form to your manager to enter into the online form. Once this has been completed, you can then collect your test kit.

Thank you for completing the consent and registration form. Your test kits can now be collected from the test kit distribution cabin located in the location opposite the Estates department and swimming pool.

Please ensure you bring with you your Staff ID badge and staff ESR/ number. Test kits will not be allocated without both forms of Identification.

Tests kits can be collected between the hours 8am and 18:00 Monday to Saturday

Please be aware that there will be certain times in the day where demand for collections will be high. Regular communications will be sent out informing staff of busy and quieter periods to assist with the management of the queue flows

When arriving please ensure you maintain social distancing at all times and follow the instructions provided by the supervising staff and marshals in this area.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms