



Consent form COVID19

Young Person's Name:	Service/Home:
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The purpose of this form is to obtain your consent to participate in **COVID19 testing, either individually based on your personal circumstances or as part of the whole home testing, where this is the case.**

The Government has announced that part of the 5-pillar strategy for coronavirus testing social care workers and residents in care homes, with or without symptoms, can be tested to investigate outbreaks as part of a rolling programme to test all care homes. The whole home testing may be possible in some cases, but not in all.

Testing within all care homes will help protect young people and staff, and is an important part of the national effort to tackle coronavirus.

The test is carried out by taking a swab from the throat and nose. Where possible a combined nose and throat swab will be taken. However, a person-centred approach will be used to assess which sample to take from each resident. Where a combined nose and throat swab is not possible a nose swab will be taken, if this is feasible. This will be a single swab sampling from both nostrils.

The manager of the home will have to register the completed test online. The result will be received within 72 hours and you will be informed of it.

Staff member performing testing will watch [the instruction video](#) before test is completed to ensure that they know how to prepare, collect and package the sample.

1. I confirm that I have been provided with information about the COVID19 testing. I have had the opportunity to ask questions and these have been answered.
2. I agree to give swab sample and I understand that my sample will be tested for COVID19.
3. I agree to provide personal details (e.g. name, date of birth, NHS number) and contact details to register the completed test online.
4. I understand that the care home management will take appropriate action if the test is positive or inconclusive; and this will be reported to the care team and my GP.

Signature:	Date:
Young Person <input type="checkbox"/> Parents/those with PR <input type="checkbox"/> LPA <input type="checkbox"/> Advocate <input type="checkbox"/> Other <input type="checkbox"/> <i>Please tick (✓) as appropriate</i>	
Name of person receiving consent:	
Position:	Date:

If the Young Person is not able to read the form/or sign for themselves but had capacity to give consent:

I witnessed the accurate reading of the consent form to the Young Person who could ask any questions and got satisfactory replies.

I confirm that they gave their consent freely.



Staff obtaining consent: Describe how consent was obtained, where mental capacity assessment was completed please ensure that the assessment is filed together with this form.

Name of person witnessing consent:

Position:

Date: