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| Name of Individual you are visiting: | Your full name, and home address: |
| Date of visit: | Time of visit: |

|  |  |  |
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| **I consent for trained staff to carry out a Lateral Flow Test on me prior to admission to the service.** | | |
| 1. I wish to register my own kit in the presence of staff (using my own mobile device). Register here[: https://gov.uk/enter-lateral-flow-test](https://gov.uk/enter-lateral-flow-test) 2. I would like NCG staff to register my data with the NHS on my behalf (using an NCG devices). 3. I understand that if a positive test come back, I will not be allowed access to the service and I may be contacted by the NHS Test and Trace Team. 4. I agree for my Information to be shared with the NHS. 5. I understand that I will be refused access to the service if I do not complete the Lateral Flow Test or if my result comes back positive. 6. I understand I will need to complete a Lateral Flow Test every time I visit the service until the guidance changes. | | **Y/ N**  **Y/N**  **Y/N**  **Y/N**  **Y/N**  **Y/N** |
| I agree to the following guidelines whilst in the service:   1. I will wear the personal protective equipment provided by staff and I will not remove it until told to do so. 2. I agree to stay in the agreed visitor location unless directed to move by a member of staff. 3. I agree to give any gifts to staff so they can be sanitized prior to being given to the Individual. | | **Y/N**  **Y/N**  **Y/N** |
| **YES,** I have read the consent form, I give consent to be tested for Coronavirus/ Covid-19 using the Lateral Flow Test. | **Staff**  The visitor has completed the consent form correctly and agreed to the test. | |
| Name | Name | |
| Signature (visitor) | Signature – Caretech Staff | |
| Date | Date | |
| If ‘No’ please give reason(s) | | |