

COVID-19 TESTING FORM SEPTEMBER 2021

Student First Name	
Student Last Name	
Student Year Group	
Student 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	
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 completing this form	
Relationship to test subject	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
I give consent for the Covid tests to be carried out	Yes / No (please delete as appropriate)
Today's date	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	

Please complete and email to consent@thewellingtonacademy.org.uk