***registered charity number 1151541***

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**COVID-19 Health Questionnaire and updated parental consent form**

Dear young person and their parent / carer,

You should have already completed our annual parental consent and membership form for the 13 month period 1st September 2019 – 30th September 2020 (if you are new to our service and have not yet completed one of these forms, please request one of these) however, due to the current situation regarding Covid-19 we require you to complete an additional Health Questionnaire and consent form before taking part in any of our activities This information is required to help us prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce, participants and visitors.

As we begin to re-open elements of our face to face delivery, we need to follow government guidance to reduce the risks associated with COVID-19 and put measures in place to protect any individuals or family members who are classed as clinically vulnerable or clinically extremely vulnerable. We will use the information provided in this form to enable us to take precautionary measures to protect you and everyone involved with Seeds4Success and it will be stored securely in line with data protection guidelines. In the case of a positive Covid-19 test on an individual within our setting we may need to share the information contained within this form and our annual consent and membership form with Public Health England to reduced the risk of the infection spreading.

Seeds4Success has a phased return to face to face youth work delivery action plan which details our operating procedures, along with a risk assessment for face to face youth work delivery during the Covid-19 outbreak. These documents are available on the charities website [www.seeds4success.org.uk](http://www.seeds4success.org.uk) or can be emailed to you by contacting jaki@seeds4success.org.uk

We ask that young people respect these additional rules which are in place for the safety of everyone involved with Seeds4Success, their families and the wider community. Any young person in breach of these rules will be asked to leave the session and parents/guardians will be required to collect them.

If you have any questions, please contact me

Yours sincerely,

Jaki

Jaki Farrell

Charity Director - Seeds4Success

Mobile: 07585 723824

email: jaki@seeds4success.org.uk

**Young Person Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Date of Birth: |  | Telephone Number: |  |
| Address: |  |

**Primary Emergency Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to Young Person |  |
| Tel. no |  | Email  |  |
| Address -if different from YP |  |

**Health Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you had any close contact with or cared for anyone diagnosed with COVID-19 within the last 14 days? | **YES** |  | **NO** |  |
| Have you been diagnosed with COVID-19 or had a positive COVID 19 swab test within the last 14 days? | **YES** |  | **NO** |  |
| Have you been in close contact with anyone who has travelled or returned from abroad in the last 14 days? | **YES** |  | **NO** |  |
| Have you experienced a cold, sore throat, high temperature (37.8°C), loss of taste or smell or had difficulty breathing in the last 14 days? | **YES** |  | **NO** |  |
| Has anyone in your household displayed any of the symptoms indicated above in the last 14 days? | **YES** |  | **NO** |  |
| Are you or any member of your household classed a clinically vulnerable and currently shielding  | **YES** |  | **NO** |  |
| Are you or any member of your household classed as clinically extremely vulnerable and have received a letter telling you/them to shield | **YES** |  | **NO** |  |
| Are you or any member of your household currently self-isolating | **YES** |  | **NO** |  |

**Consent & Declaration:**

In signing this document, I declare that:

* I am satisfied that Seeds4Success have informed me of their revised procedures and have taken all reasonable steps to reduce the risk of and spread of COVID-19 infection during face to face activities and transport provision
* My child nor anyone living in our household has displayed symptoms of COVID-19 in the past 14 days.
* I understand and accept that my child will be required to adhere to strict social distancing and personal hygiene practises whilst engaging with Seeds4Success sessions.
* I will inform Seeds4Success immediately if my child or a member of my household displays symptoms of COVID-19 or a member of my household receives a positive COVID-19 swab test result within 14 days of my child attending a face to face session with Seeds4Success.
* I understand and accept that my child will be required to bring a face covering to face to face sessions run by Seeds4Success and they will be required to wear a facemask when accessing transport provided by the charity
* I appreciate that it is not possible to consider every possible complication of COVID-19 however I have had the opportunity to ask questions about procedures and practises adopted by Seeds4Success

**Signature of Parent/Guardian/Carer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Print name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration: PARTICIPANT (All)**

I, as a participant in the stated activity, agree to abide by the rules and act upon the instructions of staff.

**Signature of Participant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_