***registered charity number 1151541***

**[](http://www.seeds4success.org.uk/)**

**COVID-19 Health Questionnaire and updated parental consent form – updated September 2020**

Dear young person and their parent / carer,

We are now in a period of renewal for our annual parental consent and membership form for the 13 month period 1st September 2020 – 30th September 2021 and, in order to reduce the amount of paper and ink used on these we are asking that parents / carers complete these online where possible and return to [jaki@seeds4success.org.uk](mailto:jaki@seeds4success.org.uk) where the completed form only will be printed out and handed back to the young person to take home and sign. If you are able to print at home and complete the process in its entirety, then this is of course incredibly helpful. If you are unable to access the form online please let me know and we can provide a printed version for completion.

With the ever-changing 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 guidance and information changes, we ask that parents / carers keep up to date with the legal requirements with regard self-isolation and notify us of any changes or cases of illness within households. Although some of you will have already completed a COVID-19 health questionnaire already, we are asking please for new forms to be completed with the new annual consent form.

As we continue to re-open elements of our face to face delivery, and move elements indoors when we safely can, 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 reduce the risk of the infection spreading.

Seeds4Success has updated the return to face-to-face youth work delivery action plan which details our operating procedures, along with an updated risk assessment for face to face youth work delivery during the COVID-19 outbreak and revised procedures for young people. 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](mailto: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** |  |
| Do you have a health condition or disability that means you are exempt from wearing a face covering? – if ‘yes’ please discuss this with Jaki as we may need to make some adjustments to sessions to be able to include you | **YES** |  | **NO** |  |

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**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 all face to face sessions run by Seeds4Success and they will be required to wear a facemask when accessing any building used or transport provided by the charity. Exemptions can be discussed with the charity director.
* 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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