|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete each section below. Please ensure that you have provided an answer for each question. Failure to do so will result in the home being unable to complete the online registration form for your test, and subsequently we will have to cancel your visit. | | | | | | | |
| **Section A : Constant Visitor Details** | | | | | | | |
| **Visitor Date of Birth (numbers only please):** | **\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_** | | | | | | |
| **Visitor Name:** |  | | | | | | |
| **Visitor Gender (please circle or delete as appropriate):** | **FEMALE** | | **MALE** | | | **OTHER** | |
| **Ethnic Group (please circle or delete as appropriate):** | **Asian or Asian British** | | **Mixed or Multiple Ethnic Groups** | | | **Another Ethnic Group** | |
| **Black, African, Black British or Caribbean** | | **White** | | | **Prefer not to say** | |
| **Does the visitor travel to a workplace, nursery or place of education? (please circle or delete as appropriate):** | **Yes, I travel to a workplace** | | **Yes, I go to nursery, school, college or university** | | | **NO** | |
| **Prefer not to say** | |
| **Country of Residence (please circle or delete as appropriate):** | **England** | | | **Northern Ireland** | | | |
| **Wales** | | | **Scotland** | | | |
| **First line of home address:** |  | | | **Postcode:** | | |  |
| **Care registration number (of the vehicle you will be arriving in):** |  | | | | | | |
| **Email address:** |  | | | | | **I don’t have an email address** | |
| **Mobile number (mandatory):** |  | | | | | | |
| **Landline number:** |  | | | | | **I don’t have a landline** | |
| **NHS Number:** |  | | | | | **I don’t know** | |
| **Section B : Resident Details** | | | | | | | |
| **Name of Resident being visited:** | |  | | | | | |
| **Relationship to Resident (i.e. husband, daughter, brother, granddaughter, friend)** | |  | | | | | |
| **Are the two constant visitors for this resident from the same household?** | | **YES** | | | **NO** | | |
| **Section C : Declaration of Symptoms** | | | | | | | |
| **I acknowledge that by completing this form, it is my responsibility to inform the home if I am experiencing any of the following symptoms prior to my visit;**   1. **A new and continuous cough** 2. **A high temperature** 3. **Loss of taste or smell** | | | | | | | |
| **Section D: Use of Information Shared** | | | | | | | |
| **I acknowledge that by completing and submitting this form, the details that I have provided above will be stored in a secure location within the home and may be accessed by the staff member responsible for my visit.** | | | | | | | |
| **Signature (or electronic signature):** | |  | | | | | |