

## COVID-19 Employee Pre-Return Questionnaire

This form is to be completed only when the employee and line manager agree that there is a need for the member of staff to come into College. This form must be completed by the individual, ideally at least three working days before starting to work at the College. If any information changes, please inform your line manager before entering the College. Please read the Covid-19 **Employee Pre-Return Questionnaire Guidance** document in relation to the questionnaire.

The information you share with us in answering these questions will be dealt with in the strictest confidence and will only be shared with those individuals that need to be party to the information (ie. your line manager, Health and Safety, and where necessary HR).

<b>Employee Name:</b>	<b>Employee Post Title:</b>
<b>Payroll number:</b>	
<b>Line Manager Name:</b>	<b>Line Manager post title:</b>
<b>Date questionnaire completed:</b>	
<b>Each week, how much time will the employee spend working at the College or on College sites? (days/hours)</b>	

<b>1</b>	<b>Are you aware of the government guidelines in terms of the symptoms of Coronavirus and when you are required to self-isolate, either through displaying the symptoms yourself, through living or coming into close contact with someone who has coronavirus symptoms (or who has been tested as positive for the virus) or being told by a Doctor or the NHS Test and Trace system that you must self-isolate? (Click <a href="#">here</a> for latest government guidance)</b>  Yes/No
<b>2</b>	<b>Do you have a safe means for travelling to and from work?</b>  Yes/No
<b>3</b>	<b>Have you been identified as extremely vulnerable and been instructed to shield at this time?</b>  Yes/No

<b>4</b>	<b>Have you been identified as vulnerable under the Government prevailing guidelines? (click <a href="#">here</a> for latest updated guidance)</b>  <b>Yes/No</b>
<b>5</b>	<b>Do you live with, or provide close contact care for, a family member who has been identified as vulnerable or extremely vulnerable (shielding)?</b>  <b>Yes/No</b>
<b>6</b>	<b>Have you been advised by a doctor or NHS Test &amp; Trace to self-isolate in the last 14 days?</b>  <b>Yes/No</b> <b>If yes, when would this isolation period end</b>
<b>7</b>	<b>Do you, someone you live with or someone you have had close contact with (work or home) have coronavirus symptoms that may include a continuous cough or high temperature or a loss or change in normal sense of smell and/or taste or been confirmed positive in the past 14 days?</b>  <b>Yes/No</b>  <b>If yes, please provide further details</b>

8	<p><b>Are there any other circumstances relating to COVID-19 or safety that may need to be considered, when deciding if a return to the College is suitable? E.g. start and finish times, employee access issues, issues around childcare/care arrangements</b></p> <p><b>Yes/No If yes, please detail below</b></p>
9	<p><b>Do you have any other issues or concerns about working in a College due to COVID19</b></p> <p><b>Yes/No (if yes expand below)</b></p>
10	<p><b>Do you know who to contact should you have concerns whilst working on-site?</b></p> <p><b>Yes/No</b></p>
11	<p><b>I can confirm I have read and understand my obligations as detailed in the Covid19 Staff protocol.</b></p> <p><b>I can confirm that I have read the College Covid-19 Risk Assessment which is available on the College website</b></p> <p><b>I confirm that I understand that if any of the above information fundamentally changes (eg. you have tested positive for Coronavirus or are having to self-isolate) that I must make this information known to my line manager who will inform HR/H&amp;S accordingly and I will not attend College at this time.</b></p>

**Employee signature (digital signature):**

**Date:**

**Line Manager signature (digital signature):**

**Date:**