

QKA – COVID-19 Testing Privacy Statement

Ownership of the Personal Data

To enable the Covid-19 testing to be completed at QKA, we need to process personal data for staff and pupils taking part, including sharing of personal data where we are legally obliged.

Personal data relating to tests for pupils paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 applicable to academies.

Personal Data relating to staff is processed under the legitimate interest of data controller to ensure we can minimise the spread of COVID in a timely manner and enable us to continue to deliver education services safely and securely.

If you decline a test, we record your decision under the legitimate interest of school in order to have a record of your decisions and to reduce unnecessary contact with you regarding testing.

The processing of special category personal data is processed under the provisions Section 9.2(i) of GDPR, where it is in the public interest on Public Health Grounds. This data is processed under the obligations set out in Public Health legislation (Regulations 3(1) and (4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI)) which allows the sharing of data for COVID related purposes and where it is carried out by a health care professional **OR** someone who owes an equivalent duty of confidentiality to that data.

Data Controllorship is then passed to the Department for Health and Social Care (DHSC) for all data that we transfer about you and your test results to them. For more information about what they do with your data please see the Test and Trace [Privacy Notice](#). The establishment remains the Data Controller for the data we retain about you.

Personal Data involved in the process

We use the following information to help us manage and process the tests:

- Name
- Date of birth (and year group)
- Gender
- Ethnicity
- Home postcode
- Email address
- Mobile number
- Unique barcode assigned to each individual test and which will become the primary reference number for the tests
- Test result
- Parent/guardians contact details (if required)

We will only use information that is collected directly from you specifically for the purpose of the tests, even if you have previously provided us with this information.

How we store your personal information

The information will only be stored securely on local spreadsheets in school whilst it is needed. It will also be entered directly onto DHSC digital services for the NHS Test and Trace purposes. Schools will not have access to the information on the digital service once it has been entered.

Processing of Personal Data Relating to Positive test results

The member of staff, pupil, student or parent (depending on contact details provided) will be informed of the result by the school and advised how to book a confirmatory test.

We will use this information to enact their own COVID isolation processes without telling anyone who it is that has received the positive test.

The information will be transferred to DHSC, who will share this with the NHS, GPs. PHE and the Local Government will use this information for wider test and trace activities as well as statistical and research purposes.

This information is processed and shared under obligations set out in Public Health legislation under Regulations 3(1) and (4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI) which allows the sharing of data for COVID related purposes.

This information will be kept by the school/college for up to 14 days and by the NHS for 8 years.

Data Sharing Partners

The personal data associated with test results will be shared with

- DHSC, NHS, PHE – to ensure that they can undertake the necessary Test and Trace activities and to conduct research and compile statistic about Coronavirus.
- Your GP – to maintain your medical records and to offer support and guidance as necessary
- Local Government to undertake local public health duties and to record and analyse local spreads.

Your Rights

Under data protection law, you have rights including:

Your right of access - You have the right to ask us for copies of your personal information.

Your right to rectification - You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.

Your right to erasure - You have the right to ask us to erase your personal information in certain circumstances.

Your right to restriction of processing - You have the right to ask us to restrict the processing of your personal information in certain circumstances.

Your right to object to processing - You have the the right to object to the processing of your personal information in certain circumstances.

Your right to data portability - You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.

You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

How to complain

If you have any concerns about our use of your personal information, you can make a complaint to us via info@qka.education

Consent relates to the following groups of students/pupils and staff as follows:

- **For pupils and students younger than 16 years** - this form must be completed by the parent or legal guardian. Please complete one consent form for each child you wish to participate in testing.
- **Pupils and students over 16 who are able to provide informed consent** - can complete this form themselves, having discussed participation with their parent / guardian if under 18.
- **For any pupil or student who does not have the capacity to provide informed consent** - this form must be completed by the parent or legal guardian. Please complete one consent form for each child you wish to participate in testing.
- **Staff** will complete this form themselves.

Terms of consent

1. I have had the opportunity to consider the information provided by the school/college about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter and the Privacy Notice.
2. In the case of under 16s, I have discussed the testing with my child and my child is happy to participate. If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.
3. I consent to having / my child having a nose / throat swab for lateral flow tests. I / my child will self-swab if I / my child is able to otherwise I understand that assistance is available. In the case of under 16s or pupils who are not able to provide informed consent, I have discussed the testing with my child and they are happy to participate and self-swab (with assistance if required).
4. I understand that there may be multiple tests required and this consent covers all tests for the below named person. If, on the day of testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.
5. I consent that my / my child's sample(s) will be tested for the presence of COVID-19.
6. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I / my child is removed from school premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.
7. I understand that I / they will need to self-isolate following a positive lateral flow test result.
8. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 days in line with Government guidance.

I / my child consent(s) to having the lateral flow test for COVID-19 as described above	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name (Person taking the test)	
Last Name (Person taking the test)	
Year group (if applicable)	

Date of Birth (Person taking the test)	
Gender – this information is needed for Department for Health and Social Care research purposes.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Ethnicity – this information is needed for Department for Health and Social Care research purposes.	<input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black, African, Black British or Caribbean <input type="checkbox"/> Mixed or multiple ethnic groups <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say
How would you describe your ethnic background?	<input type="checkbox"/> Prefer not to say Which one best describes your Asian or Asian British background? <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Another Asian background Which one best describes your Black, African, Black British or Caribbean background? <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Another Black background Which one best describes your Mixed or Multiple ethnic groups background? <input type="checkbox"/> Asian and White <input type="checkbox"/> Black African and White <input type="checkbox"/> Black Caribbean and White <input type="checkbox"/> Another Mixed background Which one best describes your White background? <input type="checkbox"/> British, English, Northern Irish, Scottish, or Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Another White background Which one best describes your background? <input type="checkbox"/> Arab <input type="checkbox"/> Another ethnic background
Are you currently showing any COVID-19 symptoms?	
Have you had a COVID-19 vaccination?	<input type="checkbox"/> Yes – one dose <input type="checkbox"/> Yes – two doses <input type="checkbox"/> No

Have you travelled outside of the UK and Ireland within the last 14 days?	
Home Address and Postcode	
Email Address (parent/carer if under 16) – this is where test results will be sent.	
Mobile Number (parent /carer if under 16) – this is where positive 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/carer giving consent (if under 16)	
Relationship to test subject	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
Today's date	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	