

## Employer Consent Form

### The COVID-OUT Study

COVID-19 Outbreak investigation to Understand Transmission

Company name: \_\_\_\_\_

If you agree, please initial box

About the research study	
I have read and understood the Information Sheet for Employers (version V2.0) and I have been given the opportunity to ask questions about the research study.	
I understand I am free to withdraw the company from involvement in this study at any point, without giving reason.	
Research study detail	
I agree to allow employees to participate in this study if they elect to do so.	
I agree to members of the PHE/HSE field study team entering my workplace, while I am (or my representative is) present, to assess the work environment, work practices and COVID-19 control measures.	
I agree to members of the PHE/HSE field study team entering my workplace, while I am (or my representative is) present to take photographs of the work environment.	
I agree to members of the PHE/HSE field study team entering my workplace, while I am (or my representative is) present, to obtain samples of air from within the work environment.	
I agree to member of the PHE/HSE field study team entering my workplace, while I am (or my representative is) present, to sample surfaces from within the work environment.	
I agree to members of the PHE/HSE field study team having access to data collected from my workplace for purposes connected with the research study as outlined to me.	
I understand that the PHE/HSE team will remove any information that identifies me or my company before sharing data with the University of Manchester and the London School of Hygiene & Tropical Medicine, for this study and further research in the public interest. I understand that all data will be handled in compliance with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR).	
I agree to my company participating in this study.	

Please turn over sheet

Employer representative name ..... Signed..... Date.....

Person taking consent ..... Signed..... Date.....

**WISH TO WITHDRAW FROM THIS STUDY**

If you wish, you can withdraw without giving a reason. Any information collected from you before withdrawal will still be used in the study and writing up the results.

THIS INFORMED CONSENT FORM WILL BE USED WITH THE EMPLOYERS INFORMATION SHEET

PARTICIPANTS MUST BE GIVEN A COPY OF THIS FORM TO KEEP