



## COVID-19 STAFF AGREEMENT

To operate safely and to reduce the risk to our staff, children, and other adults associated with COVID-19 we ask that you follow and agree to the following new guidelines. *Failure to follow these may result in a disciplinary action being taken.*

Employee Name:

	I Agree
I will inform management at the earliest convenience if I have symptoms and will follow guidelines.	Yes / No
I will book my own covid-19 test online and keep management updated of the outcome.	Yes / No
I will not attend the setting if myself or anyone within our household has or develops a fever, cough, or loss of taste/smell.	Yes / No
When arriving at work and throughout my day I will adhere to current social distancing guidelines.	Yes / No
I understand that I must arrive at work in my own clothes and change into my uniform once in the setting if using public transport.	Yes / No
I understand that strict cleaning schedules will be taking place at various points of the day.	Yes / No
I understand that I should walk/bike or travel in my own car to travel to Brambles. Please note the advice of Safer Travel Guidance. <u>Coronavirus (COVID-19): safer travel guidance for passengers.</u>	Yes / No
I understand that socially distancing young children is not possible and agree to staying within my work area with my group.	Yes / No
I understand that social distancing measures are still appropriate outside of work and members of my household will continue to follow Government advice regarding this.	Yes / No

<p>I understand that should I go on holiday abroad this could potentially affect my working on return and be classed as unauthorised unpaid time off. I will continue to follow <i>Government</i> advice regarding this.</p>	<p>Yes / No</p>
<p>I agree to take a lateral flow test twice weekly during my working weeks. These are available from the government website to be sent to your address at no cost or available at each of our settings.</p>	<p>Yes / No</p>
<p>I have / have not been vaccinated.</p>	<p>Yes / No Once / Twice Dates vaccinated: 1<sup>st</sup>: 2<sup>nd</sup>:</p>

Signed: \_\_\_\_\_

Date: \_\_\_\_\_