**Travel Abroad and Returning to Childcare Services**

This form is for use by persons who have travelled abroad, have returned to the UK or are due to return to the UK and are due to attend Childcare Services within 10 days of arriving in the UK. Please see the latest government guidance regarding self-isolation requirements in England using the link below:

<https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors#countries-and-territories-with-no-self-isolation-requirement-on-arrival-in-england>

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| 1. Name/s of people (including children) travelling: |  |
| 1. Are you exempt from border rules in the UK and therefore not required to self-isolate? Where yes please complete 8 to 13. Where no, please complete all questions. | Please circle which applies:  Yes No |
| 1. Where have you travelled to the UK from? |  |
| 1. Date of your arrival in the UK? (dd/mm/yyyy) |  |
| 1. Please list any countries you have travelled through where a ‘transit stop’ has taken place (please see link above for further details on transit stops) whereby somebody joined the group on the transit stop, or where anybody left the travelling group (for example, anybody on the coach / aeroplane / in the car) and then re-joined |  |
| 1. Does government advice currently state that you must self-isolate for 10 days on arrival in England? If you are unsure please check list in link provided above | Please circle which applies:  Yes No |
| 1. Where ‘yes’ indicated above, please provide the date when you or your child can return to a Childcare Services setting (dd/mm/yyyy) |  |
| 1. Are you or your child required to take a PCR test in preparation of your return to the UK? | Please circle which applies:  Yes No |
| 1. Where ‘yes’ indicated above, please provide the date when you or your child took a PCR test (dd/mm/yyyy) |  |

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| 1. Were the required PCR test results negative?   (if positive please confirm the date you or your child can return to a Childcare Services setting) | Please circle which applies:  Yes No  Isolation ends:  Returning to Childcare Services Setting on: |
| 1. Please sign here to confirm that the information you have provided is accurate at the time of completing this form |  |
| 1. Please print name |  |
| 1. Date form completed (dd/mm/yyyy) |  |