

COVID-19 Interview Participation Form

To help prevent the spread of COVID-19 in the community, every interview process participant must complete and sign this form before attending a face to face interview. On review of the form, the Chairperson of the Interview Board may contact you to discuss the outcome of the review and may ask you not to attend the interview. N.B. Every question must be answered.

Interview Process Participant Name:		Chairperson of the Interview Board Name:	
Location of the Interview (full address):			
Question		✓ Yes	✓ No
1.	Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3.	Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes altogether in 1 day)?		
4.	Have you been advised by a doctor to self-isolate at this time?		
5.	Have you been advised by a doctor to cocoon at this time?		
6.	Please provide details* below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow you to attend interview. Further information on people at higher risk from Coronavirus can be accessed here .		
Additional Information			

* If you are unsure whether or not you are in an at-risk category, please check the information at the link in Question 6. If your situation changes after you complete and submit this form, please contact the designated Interview Board member, as noted in your letter of invitation to interview.

Print Name: _____ **Signature:** _____ **Date:** _____

This form will be retained for no longer than the purpose for which the information was obtained has ceased. It will be shredded thereafter.