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| **Drug and/or Alcohol Test Consent form** | | | | |
| Following discussion today, a drug and alcohol test is being undertaken to assess my fitness for work. I am aware that my personal data will be shared with the Highland Council’s Occupational Health provider (PAM) to facilitate testing and that this test forms part of the [Workplace Drug and Alcohol Support Policy](https://www.highland.gov.uk/peopleandperformance/downloads/file/915/workplace_drug_and_alcohol_support_policy).  In accordance with data protection legislation, we are committed to ensuring that your personal data is handled responsibly and securely. As part of the With Cause Testing process, the following applies:  **Purpose of Data Collection**: Your personal and health-related data will be collected solely for the purpose of assessing your fitness for work and ensuring workplace safety.  **Data Sharing:** Your data will be shared only with the appointed Occupational Health provider for the purpose of With Cause Drug and Alcohol testing and recording results.  In the event of a medical emergency, or where there is a risk to life, your data may be shared with emergency services. No data will be shared with any other third parties without your explicit consent, unless required by law.  **Data Retention:** Your data will be retained only for as long as necessary to fulfil the purposes outlined above and in accordance with our data retention policy.  **Your Rights:** You have the right to access, correct or request the deletion of your personal data. You may also object to or restrict certain types of processing.  My signature below confirms my agreement to initiate the test and I agree to be accompanied by the Safeguarding Officer or Accompanying Manager until the Test Collector arrives on-site, who will obtain a further consent form prior to initiating a drug and alcohol test.  I am also aware that my failure to consent to a drug and alcohol test being carried out will be treated in the same way as receiving a positive test result. | | | | |
| **Employee** | | **Job Title** | **Work Location** | **Service** |
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| **Safeguarding Officer** | | **Job title** | **Work location** | **Service** |
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| **Date** | | **Time of incident** | **Time test conducted** | **Time test concluded** |
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| Reason why testing is considered necessary: | | | | |
| Content of discussion between employee and Safeguarding Officer: | | | | |
| **Declaration**  **(Employee signature required at Section 1 or 2)** | | | | |
| **Section 1**  I give my consent for the Highland Council to initiate a drug and alcohol test through PAM. I understand that I will be required to give further consent before a drug and alcohol test is carried out. | | | | |
| **Employee Signature Date**  **Date** | | | | |
| **Section 2**  I do not give my consent for the Highland Council to initiate a drug and alcohol test through PAM.  The implications of not giving my consent have been explained to me by the Safeguarding Officer and I understand that a decision on any potential action will be based on the facts available. This may include implementing the Highland Council’s Disciplinary Policy and Procedures which may result in disciplinary action up to and including dismissal.  **…………………………**    **Employee Signature Date** | | | | |
| **Referring officer to complete** (if applicable)  Employee refused consent to test  Employee refused to sign consent  **Safeguarding Officer Signature Date** | | | | |
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| This document may be required as supporting evidence and should be treated confidentially, scanned, retained by Line Manager and a copy sent to [HR](mailto:HR@highland.gov.uk).  The document should be handled and stored appropriately in line with Data Protection regulations. | | | | |