**TEMPLATE COMMUNICATION TO PARENTS/CARERS – READY TO RESTART**

[Insert Company/ Unit Name and Contact Details]

[Insert DATE]

[Insert Parent/Carer Name]

[Insert Parent/Carers Address]

Dear Parent/ Carer,

**Re: Update in respect of [insert Company/ Unit name]**

**Safely resuming face-to-face (Physically Distanced) Activities**

I’m so excited to let you know that we’re now able to restart face-to-face activities at [Insert Company/ Unit Name] from [insert date]. Given the fact that we’re still going through the COVID-19 pandemic, there’ll be some restrictions on what we do and how we do it. This letter will let you know the steps we’ve taken to make sure we keep everyone safe and ensure the Company/ Unit is COVID-Ready.

Firstly, anyone with COVID-19 symptoms **MUST NOT** attend any face-to-face activities and should follow government guidelines on self-isolation and testing.

Secondly, young people who are vulnerable might not be able to return to face-to-face activities at this stage. If your child is vulnerable, please contact me directly so we can chat through some options.

We’re also aware some young people, including young people with additional support needs, might need new or other reasonable adjustments put in place to support a return to face-to-face – again, I’m happy to discuss this with you.

I’d also like to let you know some of the updates to our arrangements for making sure our indoor activities will be COVID-19 safe.

**My Vaccine Pass requirements**

* This Company/ Unit requires/ does not require vaccine passports for those 12 years, 3 months and older.
* *Please present your/ your child’s Vaccine Pass to the leader at the entry upon arrival at the beginning of each term.*

**Arrival and departure arrangements [include arrangements as per Risk Assessment]**

* [Insert group size information]
* [Insert arrival and departure times]
* [Insert pick up and drop off points]

**Hand sanitisation, hygiene and personal protective equipment**

* [Insert hygiene information]
* [Insert face mask information]

**Other measures in place**

* [Insert venue information]
* [Equipment and cleaning information]
* [First aid information]
* [Food and drinks information]

**Confirm Attendance**

* To manage group sizes and plan activities, we need to know if your child will be looking to return to face-to-face activities on [Insert date]. Please let us know by [Insert contact details].

Finally, we’re required to keep a register of those attending face-to-face Girls’ Brigade/ iconz4girlz activities. In line with this we have updated our Privacy Notice around collecting, storing, and sharing this information (a copy is available on request).

Please inform [insert leader/contact] as soon as possible if your child tests positive for COVID-19 or develops any of the following COVID-19 symptoms:

* A high temperature;
* A new, continuous cough;
* A loss or change to your sense of smell or taste;
* Sneezing and runny nose;
* A sore throat;
* Shortness of breath.

Please do not hesitate to get in touch with [insert contact details] if you have any questions or concerns.

We look forward to seeing you again soon!

Best wishes,

[Insert Name]

[Insert role e.g. Company Captain/ Unit Senior Leader]  
[Insert Company/ Unit Name]