

KEY SAFE AUTHORISATION/CONSENT FORM
(Key Safe Already installed, Client signs form)

Name of Client	
Address	

1. I agree to authorised Representatives/Carers (approved individuals) of (Name of Company/Agency) having access to my home for the purposes of providing care services which have been agreed with me as part of my personal plan of care, by accessing the Key Safe and using the relevant key.
2. I understand that approved individuals will announce their arrival prior to entry, taking into account any sensory difficulties (e.g. hearing/vision) that I may have.
3. I understand that (Name of Company/Agency) will ensure that the code necessary to gain access to the key in the safe will be kept securely, never in such a way that may be linked to my address and will be only be made available to the approved individuals responsible for my care and to the emergency services.
4. I agree that I will not personally change the access code for the Key Safe without discussing this first with (Name of Company/Agency).
5. I understand that if the security of the access code to the Key Safe has been compromised in any way then immediate discussions will take place between me and (Name of Company/Agency) and appropriate action taken without delay.
6. I understand that the end of any visit the key will be returned safely into the Key Safe.

Signed:

Print Name:

Date: