|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mobile Phone and/or personal IT device User Agreement | | | | |
| **Name** |  | | **D.O.B.** |  |
| **Make of Equipment:** |  | | **Serial No:** |  |
| **Model Number/Name:** |  | | **Mobile No:** |  |
| I wish to retain responsibility for my mobile phone and/or personal IT device and confirm that I am aware of the risk of theft/loss of my phone and/or personal IT device and that Cambian Group is in no way liable in either eventuality.  By signing this agreement I consent to the following restrictions placed on me and the use of my mobile phone and/or personal IT device in order to protect the safety, privacy and dignity of myself and the other residents:  • No use of the recording , photography or internet facility;  • To have equipment on a silent/vibrate setting;  • Not to use equipment during therapeutic activities;  • Not to lend equipment to other individuals  • Not to use in communal areas  AND  • That a breech in any of these restrictions will result In my mobile phone being removed from my possession until further notice, dependant on the outcome of a clinical review. | | | | |
| **Individual’s Signature** |  | **Staff Witness Name:** | |  |
| **Date:** |  | **Staff Witness Signature:** | |  |