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| 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 areasAND• 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:** |  |