



CONSENT FORM

(to be completed by allocated worker)

Written agreement for Just Checking

Re: Service user CR Number:

I..... accept that the Just Checking System will be loaned to the address of :

(address)

for the period of

I accept that the Just Checking System remains the property of _____ throughout this period and that it will be returned to the department.

I accept that the Just Checking System website will be checked by a _____ employee on a confidential basis on at least a once weekly frequency.
.....

Signature – Service User/Carer

.....

Name (Please PRINT) – Service User/Carer

.....

Staff Member (PRINT Name)

.....

Dated