

Consent for assessment

Just
Checking 



You should go through this with someone you trust, someone that is involved with the support you receive. This could be a member of your family, the service manager, your social worker or advocate.



I Understand

☐ **Yes**

☐ **No**



NAME:

ROLE:

Has talked to me about Just
Checking in my home.

NAME:

ROLE:

Is who I trust and can talk to if I
have questions or concerns.

I Understand

☐ **Yes**

☐ **No**



I understand that Just Checking uses sensors in my home to monitor my activity.

The sensors cannot see or hear me.



I Understand

☐ **Yes**

☐ **No**



I understand that Just Roaming
collects information about my
activity.



I Understand

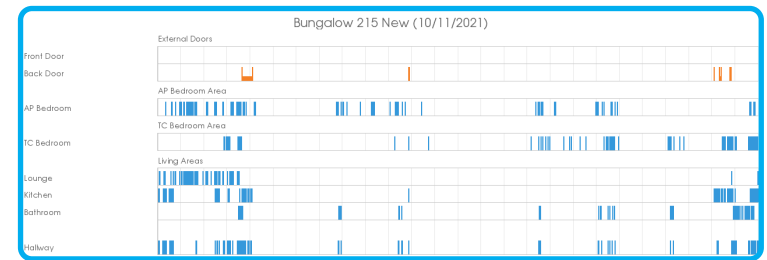
☐ **Yes**

☐ **No**



I understand that the sensors make a chart of my activity.

I can ask staff to look at this chart.



I Understand

☐ **Yes**

☐ **No**



I understand that information about me will be held safely in line with the rules about General Data Protection Regulations (GDPR).



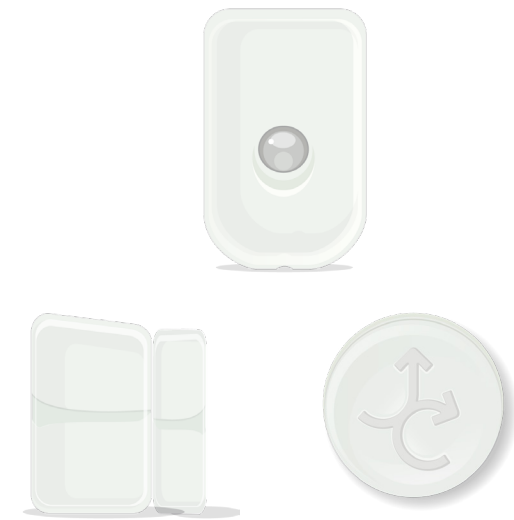
I Understand

☐ **Yes**

☐ **No**



I understand what the technology looks like.



I Understand

☐ **Yes**

☐ **No**



I give consent for a Just Checking assessment.

Name:

Signature:

Date:



Get in Touch

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