



AUTHORITY FOR KEY HOLDING

SECTION A

I hereby give my permission for West Limerick Independent Living staff to hold a key to be used in the provision of care/support. Unless section B below is signed, these keys will be collected and returned for safekeeping in the West Limerick Independent Living office at the start and end of each period of care.

Name of person with care needs: (please print)	
Signature:	
Date:	

Name of Personal Assistant: (please print)	
Signature:	
Date:	

Name of person with authority to give key holding permission: (please print)	
Signature:	
Date:	

If permission is being given by someone other than the service user or primary carer then detail below the authority under which permission is given:

.....

If any of the signatures above are not relevant or unable to be sought, please explain why (to be completed by appropriate member of West Limerick Independent Living staff):

.....



SECTION B

I understand that it is usual for keys kept by West Limerick Independent Living to be picked up from and returned to the West Limerick Independent Living office at the start and end of each period of care/support. I do not find this acceptable and choose to give my permission for individual personal assistant care workers to keep my personal keys in order to provide care/support.

Name of person with care needs: (please print)	
Signature:	
Date:	

Name of Personal Assistant: (please print)	
Signature:	
Date:	

Name of person with authority to give key holding permission: (please print)	
Signature:	
Date:	

If permission is being given by someone other than the primary carer or person with care/support needs then detail below the authority under which permission is given:

.....

If any of the signatures above are not relevant or unable to be sought, please explain why (to be completed by appropriate member of West Limerick Independent Living staff):

.....



SECTION C

Name of primary carer:	
Name of person with care/support needs:	
Name of personal assistant care worker holding keys:	

I confirm that I have received property keys for the above named and that I will hold them in accordance with the security of the home policy for staff (WLILP18).

Signature of personal assistant care worker:	
Date:	