



CARELINE KEYHOLDER AGREEMENT

Applicant Details

First Name		Surname	
Applicant Address			
Post Code		Tel. number	

Keyholder Details

First Name		Surname	
Keyholder Address	Contact Phone Numbers		
	Day time		
	Night time		
	Mobile		

Keyholder Relationship to Applicant/s
i.e. neighbour of Applicant or daughter of Applicant

Agreement

The role of the **Control Centre** is to contact Keyholders and next of kin etc. and/or call the emergency services where necessary.
The main role of the **Keyholder** is to check on a Applicant and report back to the Control Centre.

As a Keyholder I agree to the following:

- That I may be called at any time, day or night, 365 days a year to provide access to the Applicant's address (above).
- That I will tell Careline if I am unavailable for any reason (for example, holidays).
- To update Careline if any of my contact details change.
- To tell Careline if, for any reason, I am no longer able to be a Keyholder.

Yes I am prepared to act as a Keyholder for the above named Applicant.

Signed: _____ Date: _____

No I am not prepared to act as a Keyholder for the above named Applicant

Signed: _____ Date: _____

Thank you for completing this form. Please return it to:

Basildon Careline, Afflets Court, Moat Field Basildon, Essex SS14 1TP

Please phone 01268 465151 if you have any questions about the Careline service or this application form.

Visit the Careline web site for more information - www.basildon.gov.uk/Careline