**DOMICILIARY CARE: USE OF SURVEILLANCE IN A SERVICE USER’S HOME. STAFF AGREEMENT FORM**

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| **Introduction** |
| This form is to ensure that care workers understand and agree to their potential exposure to being filmed on CCTV equipment that has been installed in their premises by a householder for their own purposes, and where the agency has agreed to provide a care service to a member of that household, which might result in its staff being subject to CCTV surveillance during their visits. The agency should have agreed with the care user if and how any care activity involving its staff will be subject to surveillance in line with its policy and code of practice on CCTV use. This form can be used to show that staff understand and agree to the terms and conditions of CCTY surveillance agreed between agency and client. |
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| Service user’s name |       |  |
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| Summary of surveillance equipment and use in the home |       |  |
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| Summary of how this might impact on care staff and any proposed use to monitor care activity |       |  |
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| Staff Member’s Agreement *(adapt as needed)*I understand:* how surveillance will work in this person’s home,
* how it will be used in any care activity and in relation to the person’s care plan, and
* how my personal data will be protected.
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| Signed by staff member |       |  |
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| Signed by manager |       |  |
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| Date |       |  |
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| Comments (if any) |       |  |
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