



CLIENT SERVICE ENQUIRY

CLIENT INFORMATION

Title: _____ D.O.B. _____

First Name: _____ Surname: _____

Gender: _____

Address: _____

Postcode: _____

Tel No: _____ Mobile: _____

Email: _____

Signature: _____

CLIENT LIAISON INFORMATION

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Tel No: _____ Mobile: _____

Email: _____

Relationship To Client _____

Do You Have Permission To Act On The Clients Behalf? Yes/No

Signature: _____

Invoice To Be Issued To:

First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Email: _____

CareKind Is A Responsible Company And Likes To Restrict Unnecessary Paper Usage By Corresponding Electronically Where Possible. If You Would Prefer To Receive A Paper Invoice Then Please Tick This Box

SERVICES

What Service Will CareKind Be Providing?

Personal Care

Companionship/Support

Other (Please Specify) _____

Full Details Of Service Requirements/Client Needs Will Be Included In The Service User Pack

Using The Table Below, Please Indicate The Days And Times Of Service Requirement

DAY	REQUIRED FROM:	REQUIRED TO:	REQUIRED NIGHTS/SLEEP INS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Is The Service A Continuous Requirement? Yes/No (*delete as applicable*)

If No, How Long Will The Service Be Required? _____

How Will Entry To The Home Be Granted?

Key Issue Ring Bell Knock On Door/Window Rear Entrance

Liaison Other (*Please Specify*) _____

Service Cost: £_____ p/h