

Gamesley Community Group (GCG) Key Holder Policy

(Add name/ organisational position) holds main responsibility providing the keys and monitoring Key Holders in the GCG Centre (the “Premises”). ***The Premises will include any room/s or other facilities licensed to the Key Holder/s plus any access to such rooms/facilities. And keys may be issued to the grounds, the building and the licensed rooms/facilities. And the key holder responsibility will therefore include the grounds/the building/the licensed room/s/facilities.***

The Key Holder must complete appropriate background checks and be approved by ***(Add name/ organisational position)***. ***Checks may include DBS checks.***

The Key Holder will need to sign the Key Holder Agreement following the induction provided by ***(Add name/ organisational position)***. ***We will have more than one member of staff using the clinic room***

1. Key Holder’s responsibilities

- The Key Holder is responsible for the keys they are issued by 5th Dec 2024 and they must return the keys to 31st Nov 2025 at the end of hire.
- Under no circumstance is the Key Holder permitted to make copies of the keys.
- Key Holders are not permitted to loan keys to anyone else and is the sole person permitted to use them. If there is an exceptional reason to loan the keys to another person, the Key Holder must follow due process of gaining permission in advance from Helen Thornhill
- When on the Premises, the Key Holder must always ensure the keys are kept with them. Key Holders must keep keys in a safe and secure place when they are not in the Premises.
- The keys should remain unidentifiable in their purpose, with no identifying labels or keychains attached.

Procedure if keys are lost

- If Key Holders are unable to lock up because the keys are lost, they should secure the Premises as much as possible and contact the emergency contact immediately. The phone number for the emergency contact will be given to them at induction.
- Key Holders will have to pay for the cost to cover any losses due to loss of keys and cover cost to replace locks and lost, damaged or stolen keys.

(Name of organisation) Key Holder Agreement

I, ***Terie Stancombe***, on behalf of ***(DCHS Children’s Services)*** am in full agreement and understanding that:

- **GCG** reserves full ownership of each key issued to me and that keys remain **GCG’s** property. I will not label or accessorise the keys with details of the community building.
- I will not have new copies made or use the keys issued to me in any unauthorised manner.
- Every key issued to me by GCG will be returned to **Helen Thornhill** at the end of hire.

- I accept full responsibility for the costs and losses that may be incurred because of changing the locks, keys being damaged, stolen, lost or used in an unauthorised manner whilst in my care.
- If I do not follow the Key Holder Agreement terms, I understand my position as Key Holder may be terminated.

At the beginning of bookings, I will check that:

- Relevant areas of the Premises have been unlocked and alarms have been deactivated (if applicable)
- All fire exits are open and accessible with a clear exit point.
- There is no rubbish in the Premises or grounds (if there is rubbish, I will remove this).
- Any damage to the Premises has been reported to Helen Thornhill

At the end of bookings, I will check that: we will only be using one clinic room not the whole building

- The Premises has been left in a clean and tidy condition, with all rubbish removed.
- All equipment (e.g., toys, craft materials) has been stored away correctly.
- All doors and windows are locked and secure.
- All internal lights are switched off.
- Taps are not running.
- All kitchen appliances are turned off and left safe after use.
- The security alarm is set (if applicable).

Any signs of damage or broken equipment will be reported to Helen Thornhill and labelled damaged for other users to see.

I, or I/we on behalf of (name of key holder organisation), hereby acknowledge that I/we are responsible for any damage caused to the grounds/building/ or licensed room/s/facilities due to any actions or inactions caused by me/us or as a result of my/our occupation, including any such actions, or inactions of any person attending and participating in our activities, or any other person (e.g., spectators, volunteers, employees, contractors etc) attending at any of our sessions, or otherwise at other times on our behalf.

Signed (Key Holder)	
Name	Têrie Stancombe
Date	Clinical Services Manager

Signed

(Key Holder)
Name
Date

FOR OFFICE USE

Key number issued:	
Issued by (staff member):	