REFERRAL TO DIGITAL INCLUSION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROSPECTIVE CLIENT:** | | | | | | | |  |
| **Title:** | **First Name:** | | | | | **Surname:** | | |
|  |  | | | | |  | | |
| **Address:** | | | | | | | | |
|  | | | | | | | | |
| **Date of Birth:** |  | | | | **Email address:** | | | |
| **Tel No:** |  | | | | **Mobile number:** | | | |
| **NOK:** | | | | | | | |  |
| **Title:** | **First Name:** | | | | | **Surname:** | | |
|  |  | | | | |  | | |
| **Address:** | | | | | | | | |
|  | | | | | | | | |
| **Relationship:** |  | | | | **Email address:** | | | |
| **Tel No:** |  | | | | **Mobile number:** | | | |
| **Has consent been given for this referral?** | | | | |  | | | |
|  | | | | | | | |  |
| **Is there a family member who can help you/the client manage what you/they would like to do digitally?** | | | | | |  | | |
| **Do you/the client use a smart phone, iPad or a**  **computer?** | | | | | |  | | |
| **Would you/the client like to have help with any of the following digital needs (please tick):** | | | | | | | | |
| Social Media | | |  | Online safety (eg scams/fraud) | | |  | |
| Online Shopping | | |  | Researching information | | |  | |
| Games and leisure activities | | |  | Booking online GP appointments | | |  | |
| Using Office products | | |  | Accessing News and media | | |  | |
| Streaming TV and videos | | |  | Transferring photos | | |  | |
| **Would you/the client like one-to-one support at home or prefer to come along with your device to a local venue with others also needing this kind of support? Please see details at the end of this form for venue details.** | | | | | |  | | |
| **For Home Visits:** | | | | | | | | |
| **If anyone else is likely to be in the property, do they have a mental &/or physical health disability, or issues with substances abuse?** | | | | | |  | | |
| **Does anyone smoke at the property? If so, we would require them to refrain from smoking during the visit.** | | | | | |  | | |
| **Are there any animals on the premises?** | | | | | |  | | |
| **Does the client have their own device?** | | | | | |  | | |
| **Please supply any further information that is relevant:** | | | | | | | | |
| **Name &** **contact details of referrer:** | |  | | | | | | |
| **Date:** | |  | | | | | | |

**For home visit support please refer to Age UK Hertfordshire:**

[**info@ageukherts.org.uk**](mailto:info@ageukherts.org.uk) **0300 345 3446**

**For Drop-in Sessions, please see details below:**

**CDA Herts - Free Rural Digital & IT ‘Drop In’ Support Sessions held at the following Village Halls:-**

**Tewin Memorial Hall**

Fortnightly, Thursday afternoons 2.00pm – 3.30pm

Contact: Kristina Lawson - Tel: 01438 717256

http://www.tewinvillage.co.uk/di

**Little Hadham Hadham Village Hall**

Wednesday afternoons 2.00pm to 4.00pm

Contact: Jan Williamson - Tel: 07710 325363

Email: chairvillagehall@littlehadham.org.uk

**Datchworth Village Hall**

Tuesday afternoons 1.00pm to 3.00pm

Contact: Cllr Anne Barker - Tel: 07896192879

Email: [cllr.barker@datchworth-pc.gov.uk](mailto:cllr.barker@datchworth-pc.gov.uk)

**Home Instead East Herts - Free Digital & IT Drop In Support Sessions held at the following Community Venues:-**

**The Hailey Centre**

18 Bell St, Sawbridgeworth, Herts CM21 9AN

Wednesday mornings 9.30am to 11.00am

Contact: David Bassett - Tel: 01279 295220

**The New Apton Centre**

8 Apton Rd, Bishop's Stortford, Herts CM23 3SN

Friday mornings 10.30am to 12.00 noon

Contact: David Bassett - Tel: 01279 295220

**Community Alliance - Broxbourne & East Herts**

