**Referral Form - Digital assessment for Learner**

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| **Name of referrer:**  |  |
| Organisation: |  |
| Phone: |  |
| Email address: |  |
| **Name of Learner:** |  |
| Age: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |

 **Would the learner like to attend:** (please mark with X)

* Digital drop in session (via Zoom)
* One to one (up to 3 one-hour sessions by phone)
* Face to face sessions

**Does the learner have access to the internet at home?**

Yes No

**What device(s) does the learner use to access the internet?**

* Computer / laptop
* Tablet
* Smartphone (android or apple)

**Please, let us know if your organisation has provided equipment to learner:**

(please, include model of equipment and details of any support already given to use this):

**Please show the digital support needed** (mark with X all that apply)

* Safely browsing the internet
* Set up an email address
* Sending attachments (by WhatsApp/ or email)
* Connecting to video calls eg Zoom, Microsoft Teams
* Filling out forms eg (econsult form at the GP)
* Registering with the GP online
* Shopping online
* Other:

**Does the learner have any medical issues or difficulties that affect your learning to use a device? Eg (hearing issues / issues with fine motor skills)**

Please list: