

**DIGITAL INCLUSION**

Age UK Lancashire (AUKL) has launched a Digital Inclusion Project, which will support people to get online and use technology. This will enable individuals to connect with family & friends, find out information, carry out online tasks and access health services such as GP consultations and prescription ordering.

Subject to donations and funding, we may be able to supply devices to people on low incomes who otherwise would not be able to purchase digital technology.

Part of the criteria for this funding is that people sign up to *Learn My Way* (<https://www.learnmyway.com/>), which is an easy to use online suite of courses designed to introduce people to technology and teach them how to use it.

Where people struggle to fund data or wifi packages we may be able to offer a benefits check to determine whether they are eligible for additional financial support.

Please return to jlomas@ageuklancs.org.uk.

When completing the form, double clicking a check box will mark it with an x.

**DIGITAL INCLUSION - REFERRAL FORM**

Click to confirm that the client has given consent to contact Age UK Lancashire? Yes [ ]

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| **Referrer’s Details** |
| **Name** |  |
| **Location (e.g. GP Practice or AUKL service)** |  |
| **Contact telephone** |  |
| **Contact e-mail** |  |
| **Client’s Details** |
| **Title (Mr, Mrs, Miss, etc.)** |  |
| **First name** |  |
| **Last name** |  |
| **Date of Birth (over 50 years)** |  |
| **Address** |  |
| **Telephone number** |  |

**Please tick as appropriate**

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| No access to the internet at home (and cannot afford to buy a device & connectivity) |[ ]
| Has access to internet but needs device/tablet  |[ ]
| Has equipment and needs support to develop confidence |[ ]
| Has a low income (e.g. in receipt of benefits, such as Pension Credit or Universal Credit, or only in receipt of State Pension) |[ ]
| Is the client already using/familiar with a device? |[ ]
| Does the client have a specific use in mind to use the device?* Communicating with friends and family
* As part of hobbies/interests
* Medical appointments/Prescription renewal
 | [ ] [ ] [ ]  |
| Any other information (include any interests they may have e.g. sports, music, reading, craft) |[ ]