Age UK Norfolk’s Let’s Get Digital service is a free service for people aged 50 and over who require assistance to learn how to use an electronic device. Through weekly sessions they will be supported by one of our Digital Inclusion Champions to learn how to use their device. For example, setting up WhatsApp and answering video calls from family and friends to more advanced support such as online shopping and setting up an email account.

Whilst our volunteers are carefully selected and trained, they are unable to deal with complex conversations or needs. They do not provide any medical advice or counselling.

Please fully complete this form alongside the person being referred. All information supplied will be treated as confidential.

**Privacy notice**

At Age UK Norfolk, we're committed to protecting and respecting privacy. Our Privacy Policy explains how we use and manage data. You can access this via our website: [www.ageuk.org.uk/norfolk/privacy-policy](http://www.ageuk.org.uk/norfolk/privacy-policy). Please ask if you would like a paper copy of this document.

**Section A – Referrer Details**

If you are self-referring please go to Section B

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRER’S DETAILS** | | | | | | | |
| **Name:** |  | | **Email:** |  | | | |
| **Telephone:** |  | | **Mobile:** |  | | | |
| **Organisation/**  **Relationship:** |  | | **Job Title:** |  | | | |
| **Referrer signature:** | |  | | | **Date:** |  | |
| **Does the person consent to the referral?**  *We are unable accept referrals unless permission to refer and pass on information has been given by the person you are referring.* | | | | **Yes** | | | **No** |
| **Please consider suitability for Let’s Get Digital** | | | | **Comment:** | | | |
| Do they have hearing loss which could make a conversation on the telephone difficult to clearly hear? | | | |  | | | |
| Do they have high level mental health needs or are they receiving treatment or clinical support? | | | |  | | | |
| Do they experience extreme mood swings or personality changes that could make the call challenging for a volunteer? | | | |  | | | |
| Do they have a history of aggression, inappropriate conversation or threatening behaviour? | | | |  | | | |
| Do they have dementia or issues with memory loss? We would not wish to cause any distress. | | | |  | | | |
| Do they have a drug or alcohol problem and are still receiving treatment? | | | |  | | | |
| Are they difficult to get hold of by telephone on a regular basis, from a withheld number? | | | |  | | | |
| **Please give the reason for referral and supply any further details that may help Age UK Norfolk provide the Let’s Get Digital Service to the person you are referring.** | | | | | | | |
|  | | | | | | | |

If the answer is ‘yes’ to any of the above or there are any concerns, the individual may not be suitable for the service Age UK Norfolk offers. Please telephone the team on 01603 863 811 to discuss in confidence.

**Section B – Learners Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF LEARNER** | | | |
| **First name:** |  | **Surname:** |  |
| **Preferred name:** |  | **Date of birth:** |  |
| **Telephone No.(s):** |  | **Email:** |  |
| **Address:** |  | | |

|  |  |
| --- | --- |
| **Requirements** | **Comments:** |
| Do you own a device, or would you need a device loaned?  If you own a device, please tell us in the comments what your device is. For example: Samsung Tablets, Apple iPad etc. |  |
| Do you have internet? |  |
| What kind of support are you looking for?  For example: how to turn on the device – how to charge the device – how to create an email account – how to download applications – how to make and receive video calls - how to order shopping online etc. |  |

We require an alternative contact (e.g. family member, neighbour, friend) who will know where you are if we are unable to make contact with you or we are concerned about your health or welfare. If possible, please put at least one alternative contact who is local to you. If you have anyone appointed as your attorney and they have Lasting Power of Attorney for you, please let us know this. If we had serious concerns for your safety this would be a safeguarding issue and would be dealt with appropriately in accordance with our guidelines. The information may be shared internally if you are active with another service we offer.

Please ensure the nominated person/s are informed that Age UK Norfolk have their details and may call.

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred 1st Alternative contact** | | | |
| First name: |  | Surname: |  |
| Telephone: |  | Relationship: |  |
| Do they live locally to you? | Yes/No | Do they hold LPA for you? | Yes/No |
| Permission to contact if you are unreachable | Yes/No | Discuss health or welfare concerns | Yes/No |
| **2nd Alternative contact** | | | |
| First name: |  | Surname: |  |
| Telephone: |  | Relationship: |  |
| Do they live locally to you? | Yes/No | Do they hold LPA for you? | Yes/No |
| Permission to contact if you are unreachable | Yes/No | Discuss health or welfare concerns | Yes/No |

**Member Signature ………………………………………. Date……………………………**

**Please send completed form to:** [digitalinclusion@ageuknorfolk.org.uk](mailto:digitalinclusion@ageuknorfolk.org.uk)

Or post to: Digital Inclusion Service, Age UK Norfolk, 7 The Elms, St Faith's Rd, Norwich NR6 7BP or call with any queries 01603 785 223

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***AGE UK NORFOLK OFFICE USE*** | ***Completed by telephone:*** | ***Date:*** |  | ***Initials:*** |  |
| *Requirements* |  | | | | |
| *Availability* |  | | | | |
| ***Consent gained by telephone:*** | | | | | |
| *I understand the role of Let’s Get Digital and I am happy to receive the service* | | | | *Yes* | *No* |
| *I consent to my personal information being held securely by Age UK Norfolk* | | | | *Yes* | *No* |
| *I consent to my personal information being given to a Digital Inclusion Volunteer* | | | | *Yes* | *No* |
| *Member Email Address:* | | | *CL Ref:* |  | |