(Office use) Charity Log no:

***Referral for Digital Champion Project***

*Age UK South Gloucestershire offer a Digital Champion programme, aimed to support our older community reduce the risk of digital exclusion through friendly and supportive 1:1 support session’s. We are aware that many older people are housebound; due to a range of factors as stated below; therefore, our aim is to support these clients access the service from the comfort of their own home. On receipt of this referral form, the client will be matched to a volunteer who can best support the client’s skill requirements. We hope this will be an encouraging environment for you to learn the digital skills you require with the support of Age UK South Gloucestershire.*

*‘Housebound is classed as being unable to leave ones home due to a range of factors including but not limited to: poor mobility, mental health, living alone, being a carer, or factors that someone else would not need to consider when leaving their home environment*

**Please complete all sections of this form before returning to our Digital team.**

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| **Personal Details** |
| **Title:** |  |
| **Forename:** |  |  **Known as:** |  |
| **Surname:** |  |
| **Todays Date:** |  |
| **Address:** |  |
| **Telephone Number:** | **Home:** |  |
|  | **Mobile:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  |
| **Preferred Pronoun:** | He/Him |[ ]  She/Her |[ ]  They/Them |[ ]
|  |
| **Processing your data** |
| In order to run the Digital Inclusion Project service, we need to store information about our clients. The law says that we must get your consent to do this. Everything you tell us will be treated confidentially, and your data will be treated in accordance with our Data Protection & Confidentiality Policy.  |
| **I consent to Age UK South Gloucestershire recording personal information about me:** | Yes |[ ]  No |[ ]

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| **Emergency contact**: Please can you provide details of a next of kin or emergency contact. This will be used in line with our Data Protection Policy and will be kept by our team in case of an emergency.  |
| **Name:** |  |
| **Relationship to you** (e.g. wife, son or friend)**:** |  |
| **Telephone number:** | **Home:** |  |
| **Mobile:** |  |
| **Work:** |  |
| **Address:** |  |

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| **Who is completing this form** |
| **Are you completing this form for yourself?**  | **Yes** |  | **No** |  |
| **If no, who is completing the form?**  |  |
| **What is your relation to the individual being referred?** |  |
| **Please sign to confirm you have consent to complete this form from the individual being referred:** |  |

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| **How confident are you with your digital skills?****(1 is ‘not at all confident’ 5 is ‘completely confident’)** |
| 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| **Please provide a brief description of your current skills.** |
|  |
| **Please provide a brief description of the support you require.** |
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| **Please provide your main reasons for being housebound. E.g. Mobility, being a carer.** |
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**Equality and Diversity Monitoring**

Age UK South Gloucestershire aims to provide equal opportunities and fair treatment for all staff, volunteers and service users. We would like you to complete this form in order to help us understand whom we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our staff, volunteer and service user base and will be kept anonymous.

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| **Age** |
| Date of Birth |  | I prefer not to say |[ ]

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| **Do you consider yourself to be a carer?** |
| Yes |[ ]  No |[ ]  I prefer not to say |[ ]
| If yes, on average, how many hours a week are spent caring? | Under 50 |[ ]  Over 50 |[ ]

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| **Do you describe yourself as Disabled?** |
| Yes |[ ]  No |[ ]  I prefer not to say |[ ]

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| **Ethnicity**Please state what you consider your ethnic origin to be. (Ethnicity is distinct from nationality, and the categories below are based on the 2011 Census in alphabetical order.) |
| **Asian** | **Black** | **Chinese or other ethnic group** |
| ☐ Indian | ☐ Caribbean | ☐ Chinese |
| ☐ Pakistani | ☐ African | ☐ Any other ethnic group (please detail) |
| ☐ Bangladeshi | ☐ Any other Black background (please detail)  |
| ☐ Any other Asian background (please detail) |
| **Mixed** | **White** |
| ☐ White and Black Caribbean | ☐ English |  ☐ Any other White background (please detail)  |
| ☐ White and Black African | ☐ Irish |
| ☐ White and Asian | ☐ Scottish | ☐ I prefer not to say |
| ☐ Any other mixed background (please detail)  | ☐ Welsh  |

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| **Gender** |
| Female |[ ]  Male |[ ]  I prefer not to say |[ ]
| Does your gender identity match your sex as registered at birth? | Yes |[ ]  No |[ ]

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| **Religion/ belief** |
| ☐ Buddhist | ☐ Sikh |
| ☐ Christian | ☐ Other (please state) |
| ☐ Hindu |
| ☐ Jewish |  ☐ No religion |
| ☐ Muslim |  ☐ I prefer not to say |

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| **Sexual Orientation** |
| ☐ Bisexual | ☐ Heterosexual |
| ☐ Lesbian/Gay woman | ☐ I prefer not to say |
| ☐ Gay man |
| ☐ Other (please state)  |

Please return this form (NO STAMP NEEDED) to:

Freepost RTEX-ERLY-HUYS

Age UK South Gloucestershire

67 High Street

Thornbury

Bristol

BS35 2AW

Or email to: digital@ageuksouthglos.org.uk

Thank you for providing a referral for the Digital Champion Project. We will process your referral and contact you soon to talk through the next steps of joining the project.