A screenshot of a cell phone

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Purpose and Confidentiality Agreement

* Please complete this referral form in full.
* Responses to this form will be used to assess the referral need.
* All information given will be treated in the strictest confidence, in accordance with the Data Protection Act and General Data Protection Regulation from 25 May 2018.

The purpose of this statement is to inform referees how their personal information will be used. Under these regulations referees are entitled to access the information held.

**We are offering a desk top PC, keyboard, mouse, monitor and internet access.**

Recipients will be given a maximum 20GB of data each month, any additional use will need to be paid for by them**. We can offer wifi only in some cases**, please let us know what equipment they have so we can determine suitable wifi provision.

Name of Organisation

Contact person name

and details

Ward covered

(which ward or wards does your organisation provide services for)

**Reason for referral: Why does the person you work for require IT equipment/internet access?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child or young person is doing online learning** |  | **To combat social isolation** |  |
| **Needed for accessing support organisation(s)** |  | **Family want to stay in contact with friends & family** |  |
| **Adult doing online learning** |  | **Needed for benefit applications and future job searches** |  |
| **English is an additional language and participant needs it for studying and/or keeping in touch with family & friends** |  | **Person or family is on a low income** |  |

A picture containing screenshot, table

Description automatically generated**Please use this box to tell us any else you think we need to know about this referral**

**Does the person you are referring require a web cam?**

**Does the person you are referring require Microsoft Office?**

**(Access to Microsoft word, excel and so on)**

**Does the person(s) you are referring require additional IT support?**

**This could be online or by telephone.**

|  |  |
| --- | --- |
| **Signature of Referrer** |  |
| **Date** |  |

**Please Read**

**We only have a limited amount of equipment but will try our best to help as many people as we can. You may be put on a waiting list but we will let you know how long you can expect to wait. As the network covers the whole of the North West, we will aim to have an equal spread of donations to each area.**

A close up of a logo

Description automatically generated

A close up of a logo

Description automatically generated

A close up of a logo

Description automatically generatedA picture containing device

Description automatically generated**A circuit board

Description automatically generated**