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**Digipals tablet loan referral form**

**Referrer:**

|  |  |
| --- | --- |
| **Name/Organisation of referrer** |  |
| **Telephone and email of referrer** |  |

 **Service user:**

|  |  |
| --- | --- |
| **TitleMr/Mrs/Ms/Other** |  |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Date of Birth** |  |
| **Emergency Contact name and phone number** |  |
| **Any impairements, i.e hearing/sight?** |  |
| **Is the person able to communicate clearly over the phone?** | **Yes/No** |
| **Is the person able to record/remember appointments?** | **Yes/No** |
| **Does the person consent to being referred?** | **Yes/No** |

|  |  |
| --- | --- |
| **Device owned?If Yes which one?** |  **Yes/No** |
| **Wifi available?** |  **Yes/No** |
| **Does the person understand they must take part in 3 remote support sessions?** | **Yes/No** |