Once completed please email this form to [referrals@ageuknorfolk.org.uk](mailto:referrals@ageuknorfolk.org.uk) if you have any questions about the service please contact [01603 785205](tel:+441603%20785205)

If you are a professional and have access to the NCAN referral system please upload the form to the NCAN system in preference to sending it via email

Age UK Norfolk can provide Digital Inclusion support for the older people of Norfolk.

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.

**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.

|  |  |
| --- | --- |
| **DATE OF REFERAL** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF SERVICE USER** | | | | |
| **Title** |  | **Full Name** | |  |
| **Date of Birth** |  | **Preferred name** | |  |
| **Phone No.** |  | **Mobile No.** | |  |
| **Email** |  | | | |
| **Home Address:** |  | | | |
| **Type of residence** (care home/ own property / sheltered accommodation) | | |  | |

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| --- |
| **How can Age UK Norfolk digital inclusion service help?**  *E.g. to help with making an online shopping order or to send and receive emails etc*  Please let us know if a loan device will be required |
|  |
| **Please let us know about anything else that may help us provide support e.g. sight, dexterity or any communication barriers –** |
|  |

**Alternative Contact**

We require an alternative contact, preferably who is local, it can be a family member, neighbour or friend who we can call if we have concerns about you or are unable to make contact with you.

We suggest your nominated person/s are informed that Age UK Norfolk have their details and may call.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

**Only complete if you are making a referral on behalf of someone else**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REFERRER’S DETAILS** | | | | | |
| **Does the service user consent to the referral?**  *We are unable accept referrals unless permission to refer has been given by the person you are referring.* | | | | Yes | No |
| **Name** |  | **Relationship / organisation** |  | | |
| **Email:** |  | **Your ref/LAS No.** |  | | |
| **Telephone:** |  | **Telephone:** |  | | |

|  |
| --- |
| **Are there mental health conditions/ memory loss issues we would need to be aware of?**  **If yes please give details** |
| **Are there any risk issues we need to be aware of to themselves or to others?** |
| **Do you have any further information which would be relevant to provide the service?** *Eg any drug or alcohol dependency / inappropriate conversation* |