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| **Referral Date:**  |
| **Referrer Details****Name:** **Contact number:** **Email:** **Relationship to referee:**  |
| **Referee’s Details****Name:** **Contact number:** **Address:** **Email:** **Date of Birth:** **Bridging the Divide Digital Inclusion applicants:*** Is Wi-Fi available at the individual’s home?
* Do you live in a housing association property?
 |
| **Support required** please explain why you are referring and what type of support is required: [*Please note that this service cannot accept referrals for people with advanced dementia, unreasonable behaviours or complex mental health problems.]* |
| **Identifiable risks** pleasesharewith us any safeguarding alerts/risks in detail below where applicable:  |
| **Consent :** please confirm that the referee has consented to this referral |