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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 |