This form is for use by partner agencies to submit referrals for eligible clients in Lanarkshire.

This is a **free advice service** to enable clients to get the most from the digital devices they have at home or to assist clients to choose suitable equipment that will meet their needs. *This service does not fund the purchase of any equipment*. Clients must live in Lanarkshire, be age 60 or over or can be of any age if they are living with a disability or life-limiting illness.

**Once the form has been completed, please email it to** **referrals@careandrepair-lanarkshire.co.uk**

**REFERRER DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name:  |  |  | Organisation: |  |
|  |  |  |
| Email:  |  |  | Telephone: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | Click or tap to enter a date. |  |  |  |

**CLIENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name:  |  |  | Date of Birth: | Click or tap to enter a date. |
|  |  |  |  |  |
| Address: |  |  | Telephone: |  |
|  |
|  |  |  |  |  |
| Alternative Contact Name & Relationship: |  |  | Alternative Tel No: |  |
|  |  |  |
|  |  |  |  |  |
| Please give a brief Description of What You Need Help With:  |  |