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**](mailto: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: |  | | | | | | | | |