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**iPad Digital Loan Referral Form**

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| Candidate Details |
| Full Name |  |
| Date of Birth |  |
| Address |  |
| Telephone number |  |
| Date of Referral |  |
| Referral Organisation |  |

Briefly outline why this candidate would benefit from an iPad:

|  |  |
| --- | --- |
| Do they have access to the internet? (tick) |  |
| Do they require further IT support or training? (tick) |  |
| Do they give permission to be contacted by Groundwork? (tick) |  |

INTERNAL – OFFICE USE ONLY

|  |  |
| --- | --- |
| Form Number |  |
| Decision |  |
| Date |  |
| Initial |  |