

# GIFTTECH

## The gift of technology

# Gift-tech Community Partner Referral Form



## Purpose and Confidentiality Agreement

- Please complete this referral form in full.
- Responses to this form will be used to assess the referral need.
- All information given will be treated in the strictest confidence, in accordance with the Data Protection Act and General Data Protection Regulation from 25 May 2018. The purpose of this statement is to inform referees how their personal information will be used.
- Under these regulations referees are entitled to access the information held.
- All assets will be distributed on the basis of assessed need and are subject to availability at all times.

## Partner Referral Details:

Name of Organisation:

Contact Person Name:

Position within Organisation:

Contact Number:

Email Address:

Address Line 1:

Address Line 2:

Postcode:

Date Referral made:

**Reason for referral:**  
(Please tick all that apply)

- |                         |                          |                            |                          |
|-------------------------|--------------------------|----------------------------|--------------------------|
| Hardship                | <input type="checkbox"/> | Improve Retention          | <input type="checkbox"/> |
| SIMD                    | <input type="checkbox"/> | No access to ICT equipment | <input type="checkbox"/> |
| In receipt of a benefit | <input type="checkbox"/> | Improve Attainment         | <input type="checkbox"/> |
| Low income              | <input type="checkbox"/> | Other                      | <input type="checkbox"/> |

**Equipment requested:**  
(Please indicate 1st choice, 2nd choice, 3rd choice)

- |         |                      |                   |                      |
|---------|----------------------|-------------------|----------------------|
| PC      | <input type="text"/> | Quantity required | <input type="text"/> |
| Laptop  | <input type="text"/> | Quantity required | <input type="text"/> |
| Tablet  | <input type="text"/> | Quantity required | <input type="text"/> |
| Monitor | <input type="text"/> | Quantity required | <input type="text"/> |
| Other   | <input type="text"/> | Quantity required | <input type="text"/> |

**Is there anything else you would like to say to support your application?**

Referral Signature	Date

College Staff Signature of Support	Date

**Completed forms should be emailed to [gift-tech@glasgowclyde.ac.uk](mailto:gift-tech@glasgowclyde.ac.uk)**  
Thank you for your referral

## Details of Assets Requested (Please tick all that apply)

- PC
- Laptop
- Tablet
- Monitor

## Any other assets not listed

## Reason for referral: (Please tick all that apply)

- |                         |                          |                            |                          |
|-------------------------|--------------------------|----------------------------|--------------------------|
| Hardship                | <input type="checkbox"/> | Improve Retention          | <input type="checkbox"/> |
| SIMD                    | <input type="checkbox"/> | No access to ICT equipment | <input type="checkbox"/> |
| In receipt of a benefit | <input type="checkbox"/> | Improve Attainment         | <input type="checkbox"/> |
| Low income              | <input type="checkbox"/> |                            |                          |

Any other comment

Approval Committee Signature:

Date:

Approval Committee Signature:

Date: