Application Form



Please complete this tablet loan request and return it to Anchor, 2 Godwin Street, Bradford, BD1 2ST or via email to **BeWell@anchor.org.uk.**

Name					
Email					
	plets to if different tha				
	Please tick which Be [Digital offer you are interes	sted in		
Individual 10-week tablet loan	Own device (We will contact you with details of how to access training)	Group loan How many tablets would like to borow? How long would you like loan (up to 6 months)	the	Digital Volunteer	
				DI	C: 1
Do you have your own device?			Please Circle Yes No		
Do you have your own device?					
Do you have access to Wi-Fi connection in your property?			Yes		No
Do you need to borrow a device with access to the internet built in?			Yes		No
Do you consider your skills are a basic or intermediate level?			Basic		Intermediate
Returning the table Manager can support To take responsibility others Ensuring the tablet Name:	et to our Bradford Offic ort returning it or alterr ity for the tablet loan w is kept safe and well ta	e Digital offer you ago te at the end of your loan natively, please speak to the chilst it is in your care and ken care of so it can supp	period. the Res not loa oort and	Your I ident ' n/shai other r	Wellbeing Lead re it with resident
Jace	• • • • • • • • • • • • • • • • • • • •				

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