**PROJECT LOGO**

**PROJECT NAME**

**Device loan agreement**

[*Insert brief introduction to the initiative* – e.g: Residents of Tower Hamlets who are [*insert any eligibility criteria* – e.g. those who are digitally excluded] are able to borrow a device from [*organisation –* e.g. Idea Store/Library] for up to [x weeks] in order to [*insert purpose* – e.g. help improve their digital skills and get the best from the internet]].

This document sets out the terms and conditions of borrowing a device from [*organisation*] – you must read this information carefully and sign at the bottom to agree.

**Terms and conditions**

1. All devices and accessories borrowed remain the property of [*organisation*] at all times and must be returned by the agreed date.
2. You are responsible for keeping the device safe and may be asked to pay for repairs or a replacement if the device is not returned in good working order.
3. All devices we lend will be clean, secure and fully functioning and will come with software that restricts access to certain websites and apps for your safety.
4. We will provide [6 months] of free mobile data for your device if necessary, but we recommend that you to use wi-fi internet access when you can.
5. We will remove all data stored on the device before lending it to anyone else and will provide you with information and guidance about how to stay safe online.
6. We will keep a record of the websites and apps used to help improve our service, but we will not record any information about what you do in any websites or apps.
7. You should not store any data on the device that you need to keep, and you should not share the device with anyone outside of your household.
8. You must tell us about any issues with the device, including any damage, loss or failure – we will provide support via [*insert support options*].
9. You **must not** use the device to carry out any of the activities listed below:
* Bullying or harassing someone else
* Promoting hate speech or discrimination
* Taking part in illegal activity
* Making statements which are deemed to be supporting illegal activity
* Unauthorised copying of copyright-protected material in any format
* Transmission of threatening, harassing, defamatory, or obscene materials
* Transmission of unsolicited advertising material (‘spam’)
* Transmission of computer viruses and other harmful programs
1. All devices are managed remotely and can be rendered unusable at any time.

**Device loan details**

Type of device:

Make, model and serial number:

Any additional accessories:

Loan start date:

Length of loan:

Return date:

Digital assessment completed (yes/no):

Staff member completing agreement:

**Personal details**

Name:

Address:

Phone:

Email:

[Idea Store/Library member number:]

Communication preferences:

A feedback form will be provided to all borrowers to help us evaluate this service.

I understand and agree to the terms and conditions set out in this document.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of any issues with the device, please contact:

Name/role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this agreement.

To help us improve our understanding of digitally exclusion in the borough we’d also appreciate it if you could answer the following optional equality questions:

**What is your age?**

* + 0-15
	+ 16-24
	+ 25-34
	+ 35-44
	+ 45-54
	+ 55-64
	+ 65-74
	+ 75-84
	+ 85+
	+ Prefer not to say

**Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?**

* + Yes
	+ No
	+ Prefer not to say

 **Please state the type (s) of health problem or disability that applies to you?**

|  |  |
| --- | --- |
| **Health problem or disability** |  |
| Sensory impairment, (such as being blind / having a visual impairment or being deaf / having a hearing impairment) |  |
| Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms) |  |
| Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury) |  |
| Mental health condition, (such as depression or schizophrenia) |  |
| Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) |  |
| Prefer not to say |  |
| Prefer to self-describe (please specify) |  |

 (People may experience more than one type of disability or health problem, in which case you may indicate more than one. If none of the categories applies, please mark ‘Prefer to self-describe’ and specify the type of health problem or disability).

**Which best describes your gender?**

* + Man
	+ Woman
	+ Prefer not to say
	+ Prefer to self-describe (please specify)\_\_\_\_\_\_\_\_\_\_

**Is your gender identity the same as the sex you were assigned at birth?**

* + Yes
	+ No
	+ Prefer not to say

**Which of the following describes your sex?**

* + Male
	+ Female
	+ Intersex
	+ Prefer not to say
	+ Prefer to self-describe (please specify)

**Are you legally married or in a civil partnership?**

* + Yes
	+ No
	+ Prefer not to say

**Which best describes your current marital, civil partnership or cohabitation status?**

* + Single (never married or never registered a civil partnership)
	+ Married
	+ In a registered civil partnership
	+ Separated, but still legally married
	+ Separated, but still in a registered civil partnership
	+ Divorced
	+ Formerly in a registered civil partnership which is now dissolved
	+ Widowed
	+ Surviving partner from a registered civil partnership
	+ Cohabiting with a partner
	+ Prefer not to say

**Are you currently pregnant or did you give birth in the last twelve months?**

The Equality Act (2010) protects individuals who are currently pregnant and up to 26 weeks of their maternity. The Act provides further protection for individuals beyond the 26 week period (such as breastfeeding mothers).

* + Yes
	+ No
	+ Prefer not to say

**How would you describe your ethnic group?**

* **White:**
	+ British (English, Scottish, Northern Irish, Welsh)
	+ Irish
	+ Traveller of Irish heritage
	+ Gypsy/Roma
	+ Any other White background
* **Mixed:**
	+ White and Black Caribbean
	+ White and Black African
	+ White and Asian
	+ Any other Mixed background
* **Asian/Asian British:**
	+ Indian
	+ Pakistani
	+ Bangladeshi
	+ Any other Asian background
* **Black/Black British:**
	+ Somali
	+ Other African
	+ Caribbean
	+ Any other Black background
* **Other ethnic group:**
	+ Chinese
	+ Vietnamese
	+ Any other background
	+ Prefer not to say

**What is your religion or belief?**

* + No religion or belief
	+ Agnostic
	+ Muslim
	+ Christian
	+ Jewish
	+ Buddhist
	+ Sikh
	+ Hindu
	+ Humanist
	+ Prefer not to say
	+ Prefer to self-describe (please specify)

**Which of the following describes your sexual orientation?**

* + Gay/lesbian
	+ Bi (attracted to more than one gender)
	+ Heterosexual/straight
	+ Prefer not to say
	+ Prefer to self-describe (please specify)

**Do you have caring or parenting responsibilities? (for example, childcare or dependent adults)?**

* + Yes
	+ No
	+ Prefer not to say

**What is your estimated annual household income?**

* + Below £10, 000
	+ £10, 001 to £20, 000
	+ £20, 001 to £30, 000
	+ £30, 001 to £40, 000
	+ £40, 001 to £50, 000
	+ Above £50,000
	+ Prefer not to answer

[Next steps would be to complete feedback/evaluation form…

… and signpost to sources of affordable devices; internet/data; ongoing digital support]