**PROJECT LOGO**

**PROJECT NAME**

**Device gifting agreement**

Depending on availability, [*organisation –* e.g. Idea Store/Library] can provide devices to Residents of Tower Hamlets who are [*insert any eligibility criteria* – e.g. those who are digitally excluded] as a gift.

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

**Terms and conditions**

1. The equipment is a gift from [*organisation*] and no payment is due.
2. The equipment may require maintenance, repair, training, specific software, or other tasks or items that may or may not carry a cost. [*Organisation*] is unable to source, fund, or provide this for you and you must undertake these additional elements yourself.
3. You, as the person receiving the equipment are responsible for ensuring the safeguarding and welfare of any child or young person using the equipment. You should familiarise yourself with issues such as online safety and may find the *UK Safer Internet Centre’s* range of guides for parents and carers helpful:

<https://saferinternet.org.uk/guide-and-resource/parents-and-carers>

1. [*Organisation*] gives this equipment “as is” and makes no representations or warranties whatsoever regarding the equipment.
2. Do not to use the device to take part in illegal activities, view or distribute illegal materials.
3. [*Organisation*] shall have no liability arising from the use of the donated equipment.

**We also recommend that you:**

* Do not share personal or financial information to unknown people or organisations online. Contact a trusted friend or family member if you are unsure if something online is trustworthy. You should familiarise yourself with basic online security measures and may find the *National Cyber Security Centre’s* guides for individuals and families helpful:

<https://www.ncsc.gov.uk/section/information-for/individuals-families>

* Join a digital skills course at one the Idea Stores, or complete the *Learn My Way* course online, in order to learn how to use the device and the internet safely.
* Attend a digital drop-in session at one of the Idea Stores or Libraries if you would like any extra digital assistance at any point.
* Arrange insurance for the device against theft, loss or damage.

To be completed by [organisation]:

**Device details**

Type of device:

Make, model and serial number:

Any additional accessories:

Sim card serial numbers:

Digital assessment completed (yes/no):

Staff member completing agreement:

Date of agreement:

**Details of person receiving the device**

Name:

Address:

Phone:

Email:

[Idea Store/Library member number:]

Communication preferences:

A feedback form will be sent to you in the future to help us evaluate this service.

By accepting the laptop, you are acknowledging that you have read this statement, understand, and agree to its contents.

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:

[potentially include device recycling partner]

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]