**IT reuse scheme**

**– Computer/laptop/tablet requirements questionnaire**

## Support for the provision of a computer is available for people

## who do not have a computer suitable for their needs

* they have health conditions or other additional factors which mean they are unable to access the support / education / training they need without access to a PC.

These will be reconditioned devices which will enable communication and most apps to work from them. Laptops will come with the standard running software for access and running of the internet, communication and or Google Classroom apps if needed for education. These devices will belong to the customer and will become their responsibility. We are working with others to provide wrap around support on how to use the device safely after delivery.

These questions seek to understand how the device requested will be used on a day-to-day basis so that we can provide suitable device to meet requirements.

|  |  |
| --- | --- |
| Name of referrer  |  |
| Contact number |  |
| Email |  |

|  |  |
| --- | --- |
| Name of applicant |  |
| Mobile phone |  |
| Email |  |

1. What is your previous experience with computers and/or tablets?

 - Tick one answer

|  |  |
| --- | --- |
|  | Little or no experience |
|  | Some experience |
|  | A lot of experience |

1. What will you be using the device for?
* Tick those you think you will mostly be using the device for)

|  |  |
| --- | --- |
|  | Web browsing – online shopping, reading books/news, claiming benefits, managing money, etc |
|  | Video calls – keeping in touch with family and friends with a video link |
|  | Word processing – writing letters, keeping journals,  |
|  | Email – sending messages to family, friends and others |
|  | For school  |
|  | For higher education or training |
|  | Video streaming – watching video/films/TV |

1. Are you likely to be using the device for more than an hour at a time?
* Tick one answer that’s most closely aligned with your likely usage)

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Sometimes |
|  | Very occasionally |

1. Will you need to use the device in languages other than English e.g. to write to family and friends – if so, please tell us which language(s) you will need to use.

|  |
| --- |
|  |

1. Do you have any specific requirements that will enable you to use the device more easily e.g. large text, text-to-speech, closed caption/subtitles, colour blindness.

|  |
| --- |
|  |

This form should be completed and submitted by a tutor, support or advice worker with the application for Support for mobile phone or internet Application Form

PLEASE RETURN THIS FORM VIA EMAIL: susan.wood@york.gov.uk or angela.padfield@york.gov.uk