Registration Form: Newham Digital Inclusion Alliance

Organisation name:	

Organisation information

Type of organisation: (e.g. Charity, Community Group, Faith Group, Private sector organisation)	
Organisation goal/purpose:	
Target audience/residents:	
Current digital inclusion initiatives (if any):	

Contact details

Contact person:	
Position/title:	
Email address:	
Phone number:	

Please tick to confirm if you would like to be added to our mailing list. ☐

To remove yourself from the list please email digital.libraries@newham.gov.uk

Confirmation

I/We confirm that I/we have read and agree to the Terms of Reference provided for the Newham Digital Inclusion Alliance.

Name:	
Signature:	
Date:	