



## Application form for a television or radio on behalf of an individual

Please read the Guidance Notes available on the WaveLength website before making the application, and ensure that the Applicant can provide the relevant information. **Incomplete applications which omit information requested cannot be accepted.**

### Applicant's Details

Please provide the contact details of the person on whose behalf you are making this application.  
**The address given here should be the address where the equipment will be delivered and installed.**

**Title** Mr / Mrs / Ms / Miss      **First names** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Previous names** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_      **National Insurance Number** \_\_\_\_\_

**UK Residency Status** (please see Guidance Notes for eligibility) \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**County** \_\_\_\_\_      **Postcode** \_\_\_\_\_

**Country** England / Northern Ireland / Wales / Scotland

**If resident of Greater London, which London Borough do you live in?** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

### Applicant's Declaration

I have completed the WaveLength Survey Part 1 (Appendix A) and agree to provide feedback, after eight weeks, upon equipment provided and its benefits, to help WaveLength understand and promote the effectiveness of its work. I agree to take all reasonable steps to look after any equipment, provide feedback and co-operate with any third parties WaveLength is working with. For the purpose of the Data Protection Act 1998, I agree to the information given to WaveLength being kept by them and shared with third parties to provide me with services.

**Signed** \_\_\_\_\_      **Dated** \_\_\_\_\_

### For office use only

**Date received** \_\_\_\_\_      **Approved by** \_\_\_\_\_      **Date approved** \_\_\_\_\_

**Equipment provided** \_\_\_\_\_      **TV /Radio case no.** \_\_\_\_\_

## Referee Details

How do you know the Applicant? \_\_\_\_\_

\_\_\_\_\_

Name of Referee Mr / Mrs / Ms / Miss \_\_\_\_\_

Job Title \_\_\_\_\_

Name of Referring Organisation/Body (if any) \_\_\_\_\_

Department and Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Country England / Northern Ireland / Wales / Scotland

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email (must be provided) \_\_\_\_\_

### Referee Declaration

I declare that the information provided is true to the best of my knowledge and I will undertake to inform WaveLength of any changes in circumstances such as the applicant's change of address where reasonably possible. I agree to provide feedback upon equipment provided and its benefits, to help WaveLength understand and promote the effectiveness of its work and receive communications from WaveLength. For the purpose of the Data Protection Act 1998, I agree to the information given to WaveLength being kept by them and used in providing a service.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Please tell us how you heard about us \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Previous Applications

1a. Has the Applicant applied to WaveLength before? YES / NO

1b. If YES please give the date and outcome of the application \_\_\_\_\_

## Applicant's Accommodation

1. **The Applicant's accommodation is** Rented / Owned by the occupier
2. **In what type of accommodation does the Applicant live?** eg. house, downstairs flat, sheltered / supported housing

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- 3a. **Is the Applicant a tenant of a social organisation such as a Housing Association / Social Landlord?**

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- b. **If so, please provide details of the organisation, including any particular specialism** (eg elderly care, mental health, moving out of homelessness), **and an explanation why they or you cannot supply the equipment.**

**Organisation name** \_\_\_\_\_

**Specialism** \_\_\_\_\_

**Please state why they or you cannot supply a television / radio.**

(Please do not say "not within our remit" or "something the organisation does not do". See notes)

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## Delivery and Installation

1. **Is the Applicant disabled?**  
Please tell us about the nature of the disability and whether it may affect the delivery or installation of equipment.

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2. **Contact name / phone number** for the best person to discuss installation arrangements

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3. **Could the location pose difficulties in delivery?** (We are unable to install or set-up sets)

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## Further Applicant Information

### 1. Information in support of application

Why does the Applicant need a television or radio? Why and how would this improve the applicant's life? How will it help them to move forward over the next three years? (We expect the Applicant to be generally restricted to his or her own home for reasons including but not limited to age, disability or poor health, resulting in loneliness and isolation).

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### 2a. Has the Applicant had a television or radio before? YES / NO

b. If Yes, when and what happened to it? \_\_\_\_\_  
\_\_\_\_\_

## Equipment Provision

### 1. Which equipment is being requested? Please select one box to tick.

(WaveLength aims to help and support people with their first set, but an aerial is required for all televisions).

Digital TV with Freeview (up to 24 inch)

Radio

### 2a. Which type of aerial is currently in place? Set-top / Roof-top / Communal

b. Does the Applicant have Sky / Virgin / cable / Satellite / Subscription TV

c. If yes to above, please state who pays for the service \_\_\_\_\_

d. If the Applicant does not currently have an aerial, how will they provide one to use with their TV set?

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### 3. Does the Applicant have a current TV licence? YES / NO

(If applying for a television, the Applicant should be able to provide his or her own television licence).

**YES** – Please give expiry date of current licence \_\_\_\_\_

**NO** – How will they provide one to use with their TV set?

(There are a number of different schemes available to help those who might find this financially difficult. TV licences are free for persons over 75. See Guidance Notes.)

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## Loneliness & Isolation

1a. Does the Applicant live alone? YES / NO

b. If No, please provide details of all people living with the Applicant.

Name	Age	Relationship to the Applicant	Employment (if any)	Benefits received and amount (weekly)	Weekly contribution to household

2. How much contact does the Applicant have with family and friends who are not living with them?

e.g. on a weekly, monthly, yearly basis

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3. Please describe what practical and financial support the family provides.

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## Financial Situation of Applicant and Household

1a. Is the applicant in paid employment? If so, give details including their monthly income.

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b. Previous employment (if any) \_\_\_\_\_

2. What savings and non-employment income does the Applicant have?

Savings	Capital holdings	Investments
£	£	£

## Financial Situation of Applicant and Household (continued)

3. What debts and loans does the Applicant have? (including any mortgage on property owned)

Creditor	Reason for / Nature of debt	Amount
		£
		£
		£
		£
		£

4. List of all benefits currently received by Applicant. Please attach copy of current award letters.

Benefit Name	Amount per week or month	Time Period & Review date
	£ per	

5. Applications to other Charities on behalf of this individual or household.

Charity	Reason / Objective of application	Amount requested / given	Outcome (if known)

6. In order to process this application, please also provide us with copies of 3 months of all bank / building society / post office account statements and copies of all current benefit award letters. All pages should be included.

**Wavelength is always trying to give a better service and help more people with technology.**

To help us do this, we are asking you to fill in the questionnaire below. The information will be anonymised.

We will ask you to fill in the same form in a couple of months' time to see if our gift has made a difference. Thank you.

### Survey: Part 1 – To be completed by the Applicant

**Please just tick the box (Yes, More or Less, or No) that is closest to how you feel.**

	Yes	More or Less	No
1. There is always someone I can talk to about my day-to-day problems.			
2. I miss having a really close friend.			
3. I experience a general sense of emptiness.			
4. There are plenty of people I can lean / rely on when I have problems.			
5. I miss the pleasure of the company of others			
6. I find my circle of friends and acquaintances too limited.			
7. There are many people I can trust completely.			
8. There are enough people I feel close to.			
9. I miss having people around me.			
10. I often feel rejected.			
11. I can call on my friends whenever I need them.			

**In general, would you say that your health is**

Excellent      Very Good      Good      Fair      Poor

## Checklist

**If you do not provide all documentation requested, we cannot process this application.**

- All sections of form completed
- Form signed by Applicant and Referee
- Copy of birth certificate, passport or documents referring to residency status enclosed (necessary for all applications)
- Copy of current benefit award letters enclosed
- Copies of 3 months of all bank/building society / post office account statements enclosed
- WaveLength Survey Part 1 completed by Applicant (Appendix A)
- Have read the Guidance Notes provided in order to complete form accurately

## Please return your completed form to

Wavelength Charity Limited  
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Essex  
RM11 3YB

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**t** 01708 621101