



Application form for a radio, television or tablet 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 _____ **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.** _____

Referrer Details

How do you know the Applicant? _____

Name of Referrer _____

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) _____

Referrer 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

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

- 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)

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.

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

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

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).

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 Tablet computer

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?

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.)

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

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

Financial Situation of Applicant and Household

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

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	
	£ per	
	£ per	
	£ per	
	£ 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 answer the questions 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.

	Hardly ever	Some of the time	Often
1. How often do you feel that you lack companionship?			
2. How often do you feel left out?			
3. How often do you feel isolated from others?			
4. How often do you feel lonely?			

In general, would you say that your health is

Excellent

Very Good

Good

Fair

Poor

Thank you for competing this for us. We will ask you the same questions in a couple of months to find out how our gift has helped. Please let us know how you would prefer to answer these questions at that time:

On the telephone

By post

By email

Please tell us the best address or number to contact you:

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 (page 7)
- Have read the Guidance Notes provided in order to complete form accurately

Please return your completed form to

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Hornchurch
Essex
RM11 3YB

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t 01708 621101