



## Group Application Form

### Contact Details

Contact name \_\_\_\_\_

Group name \_\_\_\_\_

Group type  Not for profit  Public Sector  Registered Charity  Other Charitable  Other

If other, please state: \_\_\_\_\_ Charity number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address for delivery (Please state address exactly as it is to appear, including full postcode.)  
\_\_\_\_\_  
\_\_\_\_\_

Include group name in address?  Yes  No

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

Email address \_\_\_\_\_

### Scheme Details

#### Background to the organisation

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**Background to proposed scheme using the TVs / radios / tablets.**

(Showing how media technology could help relieve loneliness, including brief case histories.)

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**Numbers benefitting over 1 year** \_\_\_\_\_

**Equipment and quantity requested** (Please fill in the number of the items requested. Please remember a current TV license is necessary when watching live TV and BBC iPlayer.)

_____	Radios	_____	Small TVs	_____	Communal/ Smart TVs	_____	Tablets
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**Beneficiary disadvantage** (Please tick all that apply to the people you help.)

<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Domestic abuse	<input type="checkbox"/>	Victims of torture
<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>	Mental impairment	<input type="checkbox"/>	Alzheimers/dementia
<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Age-related vulnerabilities (65+)	<input type="checkbox"/>	Young people (16-25)
<input type="checkbox"/>	Refugees	<input type="checkbox"/>	Modern day slavery/ trafficking	<input type="checkbox"/>	Other

**Agreement**

To ensure that we can help as many people as possible in the future WaveLength needs to show our funders that we are really meeting the needs of those we support. To help us do this we will contact you in a few months to get some feedback through quotes, photos or films so we can understand the benefits people are gaining and give beneficiaries a voice.

I agree to provide feedback 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 General Data Protection Regulation 2018, I agree to the information given to WaveLength being kept by them and shared with third parties to provide me with services.

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

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return your completed form to**

WaveLength Charity Limited  
159a High Street  
Hornchurch  
Essex  
RM11 3YB

**e** deirdre@wavelength.org.uk  
**t** 01708 621101