WaveLength
Fighting loneliness

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 all the relevant information. **Incomplete applications cannot be accepted.**

If you are applying for a piece of technology for a person living in a hostel or temporary accommodation, then it is more appropriate to fill in an organisation application form. You can then make an individual application for the applicant when living in their own accommodation.
Please visit www.wavelength.org.uk/apply-for-help/ to check you are filling in the most up-to-date form.

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** _____

Gender ☐ Female ☐ Male **Surname** _____

☐ Prefer not to say **Previous names** _____

Date of Birth _____

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 Impact Measurement Part 1 (page 2) and agree to provide feedback upon equipment provided and its benefits via Part 2 (page 9), 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 allow WaveLength to conduct its work.

Signed _____ **Dated** _____

For office use only

Date received _____ **Approved by** _____ **Date approved** _____

Equipment provided _____ **TV / radio / tablet case no.** _____

Impact measurement: Part 1 - To be completed by Applicant

PART 1

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 answer the same questions in a month time to see if our gift has made a difference. Thank you.

Please just tick the box that is closest to how you feel.

	Hardly ever or never	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?

☐ Never ☐ Hardly ever ☐ Occasionally ☐ Some of the time ☐ Often / always

5. In general, would you say that your health is

☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

Thank you for completing this for us. At the end of this form is a list of the same questions that we ask you to send back to us after a month of using your technology. However, if you forget, we'll get in touch with you again. If this is the case, please let us know how you would prefer to answer these questions.

☐ By telephone ☐ By post ☐ By email

Please tell us the best details to contact you on:

Referrer details

How do you know the Applicant? _____

_____

Title _____ **First names** _____

Surname _____

Job Title _____

Name of Referring Organisation/Body (if any) _____

Organisation type ☐ **Not for Profit** ☐ **Public Sector** ☐ **Registered Charity** ☐ **Other Charitable** ☐ **Other**

If other, please state _____ **Charity number** _____

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 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 General Data Protection Regulation 2018, I agree to the information given to WaveLength being kept by them and shared with third parties to allow WaveLength to conduct its work.

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 occupier ☐ Hostel ☐ Temporary accommodation

2. **In what type of accommodation does the Applicant live?** e.g. house, downstairs flat, sheltered, supported housing

_____

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

☐ Yes ☐ No

b. **Please provide details of the organisation, including any particular specialism** (e.g. elderly care, mental health, moving out of homelessness).

Organisation name _____

Specialism _____

If the applicant is living in temporary, sheltered or supported accommodation, please provide details on when you think they will be moving on.

_____

If you are applying for a piece of technology from a hostel, then it is more appropriate to fill in an organisation application form. You can then make an individual application for the applicant when living independently.

4. **Please state why they, or you, cannot supply a television / radio / tablet.** (Please do not say "not within our remit" or "something the organisation does not do". See notes.)

Delivery

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

2. **Contact name AND phone number** for the best person to discuss delivery arrangements.
If you are requesting a tablet, please give your mobile number.

_____

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

Further Applicant information

1. **Why does the Applicant need a television, radio or tablet?**
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.)

2a. **Has the Applicant had a television, radio or tablet before?** ☐ Yes ☐ No

b. **If yes, when and what happened to it?**

Equipment provision

1. **What equipment is being requested?** Please tick **ONE** box.
(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/ online streaming services

Please note that we do not tend to support those already paying for a subscription service.

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. See Guidance Notes.)

_____

Loneliness

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
£	£	£

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

If none, please tick ☐

Creditor	Reason for / Nature of debt	Amount
		£
		£
		£

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

If none, please tick ☐

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

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

If none, please tick ☐

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

Financial situation of Applicant and household (continued)

6. In order to process this application, please provide us with copies of:

3 months of all bank / building society / post office account statements and
All current benefit award statements / letters.

All pages should be included.

Checklist

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

- ☐ Guidance Notes read in order to complete form accurately
- ☐ All sections of form completed
- ☐ Form signed by Applicant and Referrer
- ☐ Copy of birth certificate, passport or documents referring to residency status enclosed (necessary for all applications)
- ☐ Copy of current benefit award statements / letters enclosed
- ☐ Copies of 3 months of all bank /building society / post office account statements enclosed
- ☐ Impact Measurement Part 1 completed by Applicant (page 2)
- ☐ Impact Measurement Part 2 (page 9) kept by Applicant to be filled in after 1 month and returned to WaveLength

Please return your completed form to:

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

Impact measurement: Part 2

PART 2

To be completed by Applicant 1 month after receipt of technology.

Name: _____

Please just tick the box that is closest to how you feel.

	Hardly ever or never	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?

☐ Never ☐ Hardly ever ☐ Occasionally ☐ Some of the time ☐ Often / always

5. In general, would you say that your health is

☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

Please add any further comments you might have. You may wish to write about the difference that the equipment has made to your life.

Would you be willing to help us in one of the following ways?

☐ I would be willing to be interviewed.

☐ I would be willing to be filmed.

☐ I would be willing to be photographed.

☐ I would not like to be interviewed, filmed, or photographed.

Thank you for your help. Please send this form back to:

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