



## 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/](http://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 \_\_\_\_\_

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 to see if our gift has made a difference. Thank you.

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

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:

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## 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

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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.

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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.)

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## Delivery

1. Is the Applicant disabled?

Please tell us about the nature of the impairment and whether it may affect the delivery of equipment.

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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.

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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. 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.)

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**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?**

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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. See Guidance Notes.)

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## 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

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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
£	£	£

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 email the completed form to us at: [info@wavelength.org.uk](mailto:info@wavelength.org.uk)**



# PART 2

## Impact measurement: 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.

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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 email the completed form to us at:  
[info@wavelength.org.uk](mailto:info@wavelength.org.uk)