



## Group Application Form

### Contact Details

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

Position \_\_\_\_\_

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

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

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

Annual turnover: \_\_\_\_\_

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 group.

---

---

---

---

---

---

---

---

---

---

## Background to proposed scheme using TVs/radios/tablets

### 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
-------	--------	-------	-----------	-------	---------------------	-------	---------

### Number of people benefitting from the scheme

per quarter	_____	per year	_____
-------------	-------	----------	-------

Access to WiFi	_____
----------------	-------

### If you help between:

**5-40** beneficiaries per year, please ask **40%** of your beneficiaries to **each** fill in the Impact Measurement Form Part 1 on page 4.

**41-60** beneficiaries per year, please ask **30%** of your beneficiaries to fill in the Impact Measurement Form Part 1.

**61-100** beneficiaries per year, please ask **10%** of your beneficiaries to fill in the Impact Measurement Form Part 1.

This allows us to measure the impact of the technology on reducing loneliness levels.

**Beneficiary disadvantage** (Please tick all that apply to the people you help.)

<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Previously 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 (55+)
<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Young people (16-25)	<input type="checkbox"/>	Modern day slavery/ trafficking

Please discuss how:

- 1) the technology will help fight loneliness for the people you support and
- 2) how you will assess the impact of your scheme.

---



---



---



---



---

---

---

---

---

---

---

---

---

---

---

### 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 allow WaveLength to conduct its work. **Please ensure that this form is signed by a senior member of staff.**

Signed \_\_\_\_\_

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

### Checklist

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

- All sections of form completed
- Impact Measurement Part 1 completed by beneficiaries

**Please email the completed form to us at:  
info@wavelength.org.uk**

### For office use only

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

Equipment provided \_\_\_\_\_



## Impact Measurement

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.

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

	Hardly ever or never	Some of the time	Often
<b>1. How often do you feel that you lack companionship?</b>			
<b>2. How often do you feel left out?</b>			
<b>3. How often do you feel isolated from others?</b>			

**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

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:**  Female  Male **Postcode:** \_\_\_\_\_

**Please tick all that apply.**

<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Previously 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 (55+)
<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Young people (16-25)	<input type="checkbox"/>	Modern day slavery/ trafficking

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

**Date:** \_\_\_\_\_

**Thank you for your help.**