

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
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Number of people benefitting from the scheme

per quarter	_____	per year	_____
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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 3.

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 meeting the needs of those we support. To help us do this, we may contact you in future to get some feedback through quotes, photos etc.

By signing below, you agree to providing feedback about the gifted equipment and its impact, to help WaveLength understand and promote its work. You 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, you agree to the information given in this form being kept by WaveLength 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.

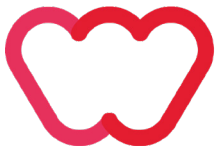
- All sections of form completed
- Impact Measurement Part 1 completed by beneficiaries

**Please send this form back to:
WaveLength Charity, 159a High Street, Hornchurch, Essex, RM11 3YB.**

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
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

Name: _____

Age: _____ Gender: Female Male Prefer not to say 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.