



## 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 Income and expenditure : \_\_\_\_\_

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:

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## 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.

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### 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 \_\_\_\_\_



In order to operate the WaveLength charity, understand the impact of our work on individuals, develop and improve WaveLength charitable operations and to inform future decision making, we would like to collect data in relation to your health, as per question 5 above and any further information about your health you provide to us in this form. We need your explicit consent to process such information about you. You have the right to withdraw your consent at any time, except to the extent that action has already been taken based on your consent, and that the withdrawal will not apply to information that has already been processed based on your consent. Providing health data to us is entirely optional. If you do not consent, please do not complete question 5 or provide any health data to us in this form.

**By ticking the box I consent to the processing of my health data for the purposes set out above.**

	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.**



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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
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<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.**