



## 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.**

### 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

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 below 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 make an application, 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.**

We will store and process personal data you have provided as set out in the WaveLength Privacy Notice available at: <https://wavelength.org.uk/contact/privacy-cookies-wavelength-website/>

**Please only 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 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
<input type="checkbox"/>	Addiction/substance missuse				

Please help us

I'm happy to be interviewed

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us the best details to contact you on: Tel: \_\_\_\_\_ email: \_\_\_\_\_

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

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?**

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## 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

Internet access

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.**

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**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

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**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.

\_\_\_\_\_

b. Previous employment (if any) \_\_\_\_\_

2. What savings and non-employment income does the applicant have?

Savings	Capital holdings	Investments	Pensions
£	£	£	£

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 must 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  
47-51 Norfolk Street  
Cambridge, Cambridgeshire  
CB1 2LD



## Impact measurement: Part 2

### To be completed by applicant 1 month after receipt of technology.

# PART 2

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 below 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.

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

Please only 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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**Please send this form back to:**

WaveLength Charity  
47-51 Norfolk Street  
Cambridge, Cambridgeshire  
CB1 2LD