



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

### 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 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 4.

**41-60** beneficiaries per year, please ask **30%** of your beneficiaries to **each** fill in the Impact Measurement Form Part 1 on page 4.

**61-100** beneficiaries per year, please ask **10%** of your beneficiaries to **each** fill in the Impact Measurement Form Part 1 on page 4.

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).

	Homeless		Previously homeless		Domestic abuse
	Victims of torture		Physical impairment		Mental impairment
	Alzheimers/dementia		Learning disability		Age-related vulnerabilities (55+)
	Refugee		Young people (16-25)		Addiction/substance misuse

### Please advise 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 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.**

Name \_\_\_\_\_

Signed \_\_\_\_\_ 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 return your completed form to:** WaveLength Charity, 47-51 Norfolk Street, Cambridge, CB1 2LD

**For office use only**

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

Equipment provided \_\_\_\_\_ Date delivered \_\_\_\_\_



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"/>	Victim 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"/>	Addiction/substance misuse

Age \_\_\_\_\_ Gender  Female  Male  Prefer not to say      Postcode \_\_\_\_\_

Name \_\_\_\_\_

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

Your feedback is extremely important to us. Please tick if you are happy to be interviewed

Please tell us the best details to contact you on.

Tel \_\_\_\_\_ Email \_\_\_\_\_

**Please send this form back to:**

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

**Thank you for your help**



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Name \_\_\_\_\_

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

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