



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 a group 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 (if any) _____

Date of Birth _____

UK Residency Status (please see Guidance Notes for eligibility) Please tick all that apply:

British citizen Refugee Settled status Other, please state _____

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 _____ Date _____

For office use only

Date received _____ Approved by _____ Date approved _____

Equipment provided - TV / radio / tablet. Case no. _____ Date delivered _____

Impact measurement: Part 1 - To be completed by Applicant

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

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 _____

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's 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 _____ Date _____

Please tell us how you heard about us

Colleague Online search Directory Another organisation Other

If other, please state _____

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.

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 _____

What does the organisation do? _____

If the applicant is living in temporary, sheltered or supported accommodation, please provide details on when you think they will be moving on.

If you are applying for a piece of technology from a hostel, then it is more appropriate to fill in a group 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 Guidance Notes).

Delivery

1. Is the applicant disabled?

Please tell us about the nature of the impairment and whether it may affect the delivery of equipment.

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.

3. Could the location pose difficulties in delivery? (We are unable to install or set-up equipment).

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 their own home for reasons including but not limited to age, disability or poor health, resulting in loneliness).

2a. Has the applicant had a television, radio or tablet before? Yes No

b. If yes, when and what happened to it? _____

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

2a. Which type of aerial is currently in place? Set-top Roof-top Communal

b. Does the applicant have

Sky Virgin Cable Satellite Paid for streaming/subscription services Internet access

c. If yes to above, please state who pays for the service _____

d. If the applicant does not currently have an aerial, how will they provide one to use with their TV set?

If applying for a TV:

3a. Does the application have a current TV licence? Yes No
(If applying for a television, the applicant should be able to provide their own television licence).

b. If yes, please give expiry date of current TV licence _____

c. If 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).

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

3. Please describe what practical and financial support the family provides.

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).

Creditor	Reason for / Nature of debt	Amount
		£
		£
		£

4. List of all benefits currently received by applicant. Please attach copy of current award letters / statements.

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.

Charity	Reason / objective of application	Amount requested / given	Outcome (if known)

Financial situation of applicant and household (continued)

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)

Please keep Impact measurement Part 2 (page 9) for the applicant to complete after 1 month and return to WaveLength.

Please return your completed form to:

WaveLength Charity
47-51 Norfolk Street
Cambridge
CB1 2LD

Individual impact measurement: Part 2

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

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.

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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 _____

Signed _____ Date _____

Please add any further comments you might have and write about the difference that the equipment has made to your life.

Please send this form back to:

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

Thank you for your help