



Sim 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

Background to proposed scheme using Sims

Equipment and quantity requested

Please fill in the number of items requested.

	Sims
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Number of people benefitting from the scheme _____

Each beneficiary will be required to complete the Part 1 Impact Measurement Form before receiving the Sim, and complete Part 2 one month later. 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"/>	Addiction/substance misuse

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 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 _____

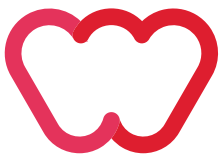
Please help us to continue to help those in need. Your feedback is extremely important and necessary to us. Our team will gladly organise everything and come to you.

- I am happy to participate in an interview (possibly Zoom)
- I am happy to participate in a photo shoot (we will take professional photos and will be happy to share them with you)
- I am happy to participate in a video review (we can come to you, or via Zoom)

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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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