



APPLICATION FOR A LAPTOP/TABLET

Name of applicant:

Date of birth:

Address:

Postcode:

Telephone no:

Email:

Impact measurement:

Please just tick the box that is closest to how you feel:

1. How often do you feel that you lack companionship?

Hardly ever or never, Some of the time, Often

2. How often do you feel left out?

Hardly ever or never, Some of the time, Often

3. How often do you feel isolated from others?

Hardly ever or never, Some of the time, Often

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

Further Applicant information

1. Why does the Applicant need a tablet/laptop?

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.)

2a. Has the Applicant had a tablet/laptop before? Yes / No

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

Loneliness

1a. Does the Applicant live alone? Yes / No

b. If no, please provide details of all people living with the Applicant.

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?

3. What debts and loans does the Applicant have? (This includes any mortgage on property owned.)

4. List of all benefits currently received by Applicant.

Please attach copy of current award letters / statements.

Benefit Name, Amount per week/month, Time Period & Review date

5. Applications to other charities on behalf of this individual or household?



DATA PROTECTION:

As this equipment is donated by Age UK we have an obligation to provide information on how this equipment has been donated. Therefore, your details will only be shared with this third party.

You will automatically be added to the membership of Age UK Islington if you are not already a member. Membership provides clients with information on a regular basis, mostly by email, which may be of benefit and support.

If you do **NOT** wish to be added to the membership database please tick here:

Have you completed all sections of the form, signed and dated it and attached the following:

- DLA/PIP/AA award letter or medical documentation
- Supporting letter from a professional if you have one

I have read and understood the criteria and all the information I have provided is accurate.

SIGNED (Applicant):

Date:

This section should be completed by a Voluntary Organisation, Social Worker / Care Manager, Doctor/Health Professional **who knows you**. This person can also submit a supporting letter for your application, if they wish. If you need help with this please contact Age UK Islington for advice. We will not be able to process this form until this section has been filled out and signed.

Name:

Job title/team:

Organisation's address:

Postcode:

Telephone No:

Email:

Signature:

Date: