|  |  |
| --- | --- |
|  | Disability Action Haringey |

# SIM Card Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Name | House Number |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City |  | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a resident of Haringey? | YES[ ]  | NO[ ]  |  Do you identify as having a Disability.? | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| Is this SIM request for your personal use? | YES[ ]  | NO[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Is this SIM request for someone else? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, please explain who & why you are applying on their behalf: |  |

## Digital Exclusion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently employed? | YES[ ]  | NO[ ]  | If yes, please state whether full or part-time: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you in receipt of state benefits? | YES[ ]  | NO[ ]  |  If yes, please provide details: |  |

|  |  |
| --- | --- |
| Please explain why you feel Digitally Excluded: |  |

## Additional Information

Please describe how receiving this free SIM will make a difference to your life:

|  |  |
| --- | --- |
| The free SIM offer from DAH will make a difference because: |  |
|  |  |
|  |  |

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |