

### **Before you start:**

- Read this section first to make sure you fill in the correct parts of this form. We want you to get this right so that you can receive your licence as quickly as possible.
- Use a black or blue ballpoint pen and write in CAPITAL LETTERS.
- You can find full eligibility criteria at [tvlicensing.co.uk/reducedfee](http://tvlicensing.co.uk/reducedfee)
- We welcome your calls, emails and letters in Welsh, and will respond to you in Welsh. Response times are the same for Welsh and English.

### **At a minimum, this accommodation should:**

- Be a **care/nursing home, care hospital, almshouse or independent school**, whose main purpose is to provide accommodation for disabled people, or retired people aged 60 and over
- OR**
- Provide **sheltered or supported accommodation** for disabled people, or retired people aged 60 or over.

### **Which sections to fill in:**

- Everyone needs to **fill in sections 1, 3 and 4.**
- If you provide sheltered or supported accommodation, you also need to **fill in section 2.**
- Someone with the authority to sign documents on behalf of your organisation must countersign this form.

### **Don't forget:**

- **The ARC licence does not cover communal areas, guest dwellings or staff accommodation.** If anyone in these rooms watches or records live TV programmes on any channel or device, or downloads or watches BBC programmes on iPlayer, they need to be covered by separate TV Licences. Find out more at [tvlicensing.co.uk](http://tvlicensing.co.uk)
- **Until we issue the ARC licence, your residents will need to be covered by their own TV Licences if they have TV receiving equipment in their rooms.**
- Residents who had previously bought their own TV Licence at this address might be due a refund. After we issue the ARC licence, we will let individual residents know how to claim.



This document is available in Welsh. We welcome your calls, emails and letters in Welsh, and will respond to you in Welsh. Response times are the same for Welsh and English. Visit [tvlicensing.co.uk/cymraeg](http://tvlicensing.co.uk/cymraeg)

Find more information at [tvlicensing.co.uk/reducedfee](http://tvlicensing.co.uk/reducedfee)

## SECTION 1 YOU MUST FILL IN THIS SECTION

### About the accommodation

What is the name and site address of the accommodation you need a licence for?

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Postcode:

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What type of accommodation do you provide?

- We're a care/nursing home
- We're a care hospital
- We're an independent school  
(England and Wales only)
- We're an almshouse  
established before 1 November 1949 (England and Wales only)
- We provide sheltered or supported accommodation

Is your sole or main function to provide accommodation and care for retired and/or disabled people?

(This does not apply to sheltered or supported accommodation.)

- Yes    No    N/A

Does anyone watch or record live TV programmes on any channel or device, or download or watch BBC programmes on iPlayer, in your communal lounge(s)?

- Yes    No

**If yes,**  
please provide the address of the lounge(s):

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### About your organisation

What is the name of the organisation or authority that runs your accommodation? For example, an owner, council or housing association:

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Your organisation's head office address (if different from the accommodation):

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Postcode:

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Phone number:

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### If we need to contact you

Name:

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Job title:

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Contact address:

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Postcode:

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Email address:

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Phone number:

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**If you ticked 'sheltered or supported accommodation' above, fill in SECTION 2 ▶▶▶**  
**If you ticked any other box, go straight to SECTION 3 ▶▶▶**

## SECTION 2 ONLY FOR SHELTERED OR SUPPORTED ACCOMMODATION

If you're not sheltered or supported accommodation, go straight to **SECTION 3**.

### About the accommodation

Was this accommodation built for or converted to be occupied by disabled people, or retired people over 60?

Yes  No

Do you have guest rooms for family members for up to 28 consecutive nights?

If so, how many?

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### About the employee(s)

Do you have a carer living on-site?

Yes  No

**If yes,**

please give their address:

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**If no,**

is someone living off-site employed to provide residents with **on-site care for at least 30 hours a week** (excluding on-call hours)?

Yes  No

**Now fill in SECTION 3 ▶▶▶**

Do you have a caretaker living on-site, employed for at least 30 hours a week?

Yes  No

**If yes,**

please give their address:

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### What else you need to include:

- Please include a site plan, showing all floor levels, accommodation units and property numbers, so we can verify the site details.
- To confirm accuracy, any hand-drawn site plans must be countersigned by someone who has the authority to sign documents on behalf of your organisation.

## SECTION 3a YOU MUST FILL IN THIS SECTION

### About your residents (aged under 74 years and 11 months)

Please list all your residents, including those who do not have a TV, so we can keep our records up to date. Do not include residents who are 75 or over. You should also list any rooms that are empty, used for respite care, used by employees or by guests/visitors. Include the room number or name, address and if there's a TV\* in the room.

Title	Resident's initial and surname (or room status i.e. empty, guest, respite)	Age	Date moved in (if less than 1 year)	Is the resident retired**?	If no, how many hours a week do they work?	Is the resident disabled***?	Flat or room no.	First line of the address	Is there a TV* in this room?
Mr/s	E. Sample	74	01/01/00	<input type="checkbox"/> YES <input type="checkbox"/> NO	35	<input type="checkbox"/> YES <input type="checkbox"/> NO	10	Address line 1	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## SECTION 3a YOU MUST FILL IN THIS SECTION

### About your residents (aged under 74 years and 11 months)

Please list all your residents, including those who do not have a TV, so we can keep our records up to date. Do not include residents who are 75 or over. You should also list any rooms that are empty, used for respite care, used by employees or by guests/visitors. Include the room number or name, address and if there's a TV\* in the room.

Title	Resident's initial and surname (or room status i.e. empty, guest, respite)	Age	Date moved in (if less than 1 year)	Is the resident retired**?	If no, how many hours a week do they work?	Is the resident disabled***?	Flat or room no.	First line of the address	Is there a TV* in this room?
Mr/s	E. Sample	74	01/01/00	<input type="checkbox"/> YES <input type="checkbox"/> NO	35	<input type="checkbox"/> YES <input type="checkbox"/> NO	10	Address line 1	<input type="checkbox"/> YES <input type="checkbox"/> NO
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				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO

\* Includes TVs, desktop computers, laptops, mobile phones, tablets, games consoles, digital boxes, DVD/VHS recorders or any other devices used to watch or record live TV programmes, or download or watch BBC programmes on iPlayer. \*\* A retired person is a resident who is aged 60 years or over and does not work in paid employment for more than 15 hours per week. \*\*\* A person is disabled if their sight, hearing or speech is substantially impaired, or they have a mental disorder, they are physically and substantially disabled by illness, or any impairment present from birth or otherwise.

**If you also have residents who are 75 and over, fill in SECTION 3b** **If you've now listed all your residents, complete this form by filling in SECTION 4**

Find more information or additional forms at [tvlicensing.co.uk/reducedfee](http://tvlicensing.co.uk/reducedfee)











## SECTION 4 YOU MUST FILL IN THIS SECTION

### Declaration

- I have completed all relevant sections
- I have enclosed a signed site plan (you only need to do this if you've filled in **section 2**)
- All the information I have given is accurate to the best of my knowledge

**Please check your application carefully. Your licence may be delayed or refused if any of the information is wrong.**

Print your full name:

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Sign here:

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Your job title:

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Counter-signature: (This should be someone with the authority to sign documents on behalf of your organisation.)

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Job title or position:

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Date:

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**NOW PLEASE SEND THIS FORM TO:**

**Concessionary TV Licensing Centre,  
Darlington DL98 1TL**

### Privacy statement

As the data controller, TV Licensing (BBC) will only use the details you give us to operate the TV Licensing system. We will not give them to anyone beyond TV Licensing, the BBC and its suppliers unless we are required or permitted to do so by law.

We use information from the public domain, such as the Care Quality Commission database, to confirm what you tell us about your accommodation.

If we need anything else, we will let you know. To find out more, go to [tvlicensing.co.uk/privacypolicy](https://www.tvlicensing.co.uk/privacypolicy) or call 0300 790 6011.