Cynllun Cynorthwyo Gwaed Heintiedig Cymru
Wales Infected Blood Support Scheme

FORM G

APPLICATION FOR WIDOWS, WIDOWER, PARTNERS AND DEPENDENT CHILDREN OF A DECEASED BENEFICARY TO RECEIVE BEREAVMENT AND REGULAR PAYMENTS

SECTION 1 DATA PROTECTION AND APPLICANT'S DECLARATION

Please tick to confirm

☐ **I understand** that data I provide may be shared with NHS service providers and Counter Fraud Services to ensure accurate and timely payment and for the purposes or prevention, detection and investigation of crime.

DECLARATION BY APPLICANT

I agree that the information I give on this form is complete and correct.

I agree to repay any money I receive to which it is found that I am no longer entitled.

I understand if I knowingly give wrong or incomplete information I may be prosecuted.

I agree to NHS Wales obtaining any data held on me by the Eileen Trust, the Macfarlane Trust, MFET Ltd, the Skipton Fund or the Caxton Foundation for the purposes of providing me with financial support.

I understand that NHS Wales may require to access data held on me by other public bodies and/or make any additional enquiries with other public bodies that may be necessary in order to reach a decision regarding my application.

Signature of Applicant		Date	

HOW WE USE YOUR INFORMATION

The personal information that you provide on this form will only be used by Velindre NHS Trust for the purposes of checking your eligibility for a payment and to administer your application. By submitting this form to a medical professional, you consent to your medical details requested in Sections 5 inclusive being supplied to Velindre NHS Trust for the purpose of administering your application.

In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Appeals Panel. If your application is deemed to be ineligible, Velindre NHS Trust may keep your application form on file so that we have a full historical record in the event that you lodge an appeal or if you reapply for a payment at a later stage, in any event information we hold about you will be held for the purpose we collected it and kept for at least six years.

Your information will be held in the strictest confidence and will be kept securely, in accordance with the Data Protection Act 1998, and will not be shared with any other organisation. Velindre NHS Trust are a Data Controller under the Act in respect of the personal information which we collect about you. We have notified the Information Commissioner of our data processing activities and our registration number is Z5021900.

If you have any questions regarding the use of your information, or have any concerns with how your information is being processed, or wish to obtain a copy of information held by us about you, please contact us by writing to Velindre Cancer Centre, Velindre Road, Whitchurch, Cardiff, CF14 2TL.

SECTION 2 APPLICANT DETAILS

Title		First Name	
Middle Name(s)		Surname	
Previous Names			
Address (this must be your main residence)			
		Post Code	
Home Telephone		Mobile Telephone	
E-Mail Address		Date of Birth	
		National Insurance Number	

Are you currently registered with the Wales Infected Blood Support Scheme, or any other UK scheme, due to an infection you received yourself? Yes ☐ No ☐

If 'Yes', please provide details herel

SECTION 3 DECEASED PERSON'S DETAILS

Please provide details of your deceased husband, wife, civil partner or partner that the application relates to:

Title | First Name

Middle Name(s) | Surname

Address

Post Code

Date of Birth | Date of Death

WIBSS number (if known)

What was your relationship to the deceased person?

If married had you divorced or had your civil partnership to them dissolved at the time of death? Yes ☐ No ☐

Were you still living with the deceased person at the time of their death? Yes ☐ No ☐

Have you since remarried, or entered into a civil partnership with someone else? Yes ☐ No ☐

SECTION 4 PAYMENT DETAIL'S

Please provide the details of the bank account you would like payments made to:

Name(s) of Account Holders(s)

Sort Code – –

Account Number

SECTION 5 MEDICAL PROFESSIONAL'S DETAILS

The information in this section is only required if the deceased beneficiary had a Hepatitis C infection and was not receiving Advanced Hepatitis C or HIV payments from the scheme.

The scheme will use this information to confirm whether the Hepatitis C infection directly contributed to the deceased person's death.

Please provide details of any clinical specialist(s) who treated the deceased person for their Hepatitis C infection or has access to their medical records in relation to their infection. This should normally be a hepatologist or infectious diseases consultant, but could be a GP if no specialist has relevant records available to provide a view.

Please make every effort to obtain as much as you can in terms of relevant medical records. A death certificate alone may not be enough evidence for the specialist to make a clinical judgement on this matter. Older death certificates may not consistently record the underlying cause of death or significant diseases which contributed to the death.

Title		First Name	
Middle Name(s)		Surname	
Hospital/Surgery Address			
		Post Code	
Telephone		E-Mail Address	

You only need to provide details of one specialist, but can provide additional contact details if relevant:

Title		First Name	
Middle Name(s)		Surname	
Hospital/Surgery Address			
		Post Code	
Telephone		E-Mail Address	

Thank you for completing this form. The form and all supporting documents must be sent directly to the Wales Infected Blood Support Scheme at:

Wales Infected Blood Support Scheme
Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff CF14 2TL