



Cynllun Cynorthwyo Gwaed
Heintiedig Cymru
Wales Infected Blood
Support Scheme

Form I

CONTACT PREFERENCES FORM

SECTION 1

CONTACT DETAILS AND PREFERENCES

What is your WIBSS reference number?

If there are any methods you do not want us to contact you by, please let us know by ticking the boxes below:

✓

Do not contact me by letter

Do not contact me by telephone

Do not contact me by e-mail

If you are happy for us to contact you via telephone or e-mail, please provide those details here:

Home Telephone Number

Mobile Telephone Number

E-Mail Address

If you are happy for us to write to you, where would you like us to send any letters?

✓

My home address

An alternative address

If you prefer us to write to you at an alternative address please let us know that address here:

Alternative	<input type="text"/>		
Correspondence	<input type="text"/>		
Address	<input type="text"/>	Post Code	<input type="text"/>

If you are happy to receive letters or e-mails, would you like to receive occasional updates or newsletters from the scheme? (e.g. updates to funding or other support available, surveys to provide feedback on the scheme, etc)

Yes No

If you would prefer not to receive such information then we will only send you essential communications relating to your payments or applications. **The occasional updates will also be made available on our website at**

SECTION 2

AUTHORISING A REPRESENTATIVE

If you would like someone, such as a close relative or carer, to act on your behalf in liaising with the scheme about any applications or payments for you, please provide their details below.

If you do not wish to appoint a representative, please move to the next section.

If you provide details of a representative then you are providing us with consent to discuss your applications and payments with them directly and authorising them to act on your behalf.

You will still have to authorise any new applications that are made to the scheme and can withdraw this consent at any time by contacting us.

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone Number	<input type="text"/>	E-Mail Address	<input type="text"/>
What is their relationship to you?	<input type="text"/>		

SECTION 3

SIGNATURE OF BENEFICIARY

Please sign below to confirm the details and preference provided on this form:

Name

Signature of
Beneficiary

Date

Please note – if the beneficiary is unable to sign themselves due to serious illness or disability, please get in touch with us directly if you wish to act on their behalf – we may need to do some verification checks before we update our records.

You can change your preferences at any time by calling or writing to us using the details below:

Post: Wales Infected Blood Support Scheme
Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff CF14 2T

Telephone:

