



Cynllun Cynorthwyo Gwaed
wedi'i haentio Cymru

Wales Infected Blood
Support Scheme

FORM C GUIDANCE NOTES

APPLICATION TO JOIN THE PAYMENT SCHEME NEW HIV APPLICATIONS

GUIDANCE NOTES FOR APPLICANTS

This form is for applicants who have never joined the Wales Infected Blood Support Scheme, or any of the UK Schemes (e.g. Skipton Fund) with regards to HIV payments, and either:

- Were infected by HIV as a result of treatment they received themselves with NHS blood, tissue, or blood products

Or

- Were infected by HIV as a result of the virus being transmitted from someone else, who themselves were infected by HIV as a result of treatment they received with NHS blood, tissue, or blood products

If your circumstances differ to the above, please contact the Wales Infected Blood Support Scheme for guidance.

This form allows you to apply for HIV payments under the Wales Infected Blood Support Scheme.

Further details are available on our website at www.wibss.wales.nhs.uk

HOW TO APPLY

You should first complete all parts in Section 1 of this form. You should then pass this form in its entirety to a medical professional, who will complete the remaining sections. The medical professional must then send the completed form directly to the Wales Infected Blood Support Scheme.

Generally, the medical professional should be the principal clinician treating you. This will probably be the clinician treating you for HIV, but in the case of applicants with bleeding disorders (such as haemophilia), it may be a haematologist.

If you do not have a clinician you can give this form to, you should ask your General Practitioner to complete it.

If you have any records of how you were infected, please pass copies of them to the medical professional who will be completing the remainder of the form.

WHAT HAPPENS NEXT

When the medical professional has completed the form, they must send it along with copies of all relevant records direct to the Wales Infected Blood Support Scheme. Provided that the information supplied confirms you are eligible to receive payment, you will receive a letter from the scheme to confirm this and will be asked to provide your bank details and any identification required at that point.

Completed forms should be sent to:

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

HELP WITH THIS FORM

If you require any assistance in completing this form, please contact the Wales Infected Blood Support Scheme on 02920 902280.