



Cynllun Cynorthwyo Gwaed
wedi'i haentio Cymru
Wales Infected Blood
Support Scheme

Form I

CONTACT PREFERENCES FORM

SECTION 1 CONTACT DETAILS AND PREFERENCES

What is your WIBSS reference number?

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Please indicate your contact preference(s) below:

Post

Telephone

Email

Please provide your details below:

Address:

Home Telephone Number:

Mobile Telephone Number:

Email Address:

PRIVATE AND CONFIDENTIAL

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 Address:

Postcode

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.

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"/>		
Email Address	<input type="text"/>		

What is their relationship to you?

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 writing to us using the details below:

Post:

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