



GUIDANCE NOTES FOR APPLICANT

This form is to apply for child payments, to help with the costs of bringing up dependent(s) of an infected beneficiary. Dependents are children of an infected beneficiary of the Wales Infected Blood Support Scheme up to the age of 18 years, or up to 21 if in full-time education. These payments are available to the primary care provider of the child/children. These payments are **not** means tested.

Any payments you receive from the Wales Infected Blood Support Scheme do not need to be taken into account when calculating your income tax bill, or any entitlement to means-tested benefits from the Department for Work and Pensions (DWP); however, you are required to declare to them that you are a member of the scheme. They will ignore this payment when working out entitlement to benefit but if you do not tell the DWP about this money, they will not be able to determine what money they should ignore and any benefits that depend on the amount of money you have could be affected. Further details are available on our website at: <https://wibss.wales.nhs.uk>.

Children and qualifying young people

Children and qualifying young people are:

- Children under 18 years old who normally live with you; and
- Young people aged 18 to 21 years old who normally live with you providing they are:
 - » Receiving full time education; or
 - » on an approved training course which started before their 19th birthday

And are not:

- » Enrolled on a course that is higher than a degree or equivalent, or
- » In education received through their employer because of their work.

For a training course to be approved it should be one of the following:

- England – Entry to Employment or Programme Led Apprenticeships
- Scotland – Get Ready for Work, Skillseekers or Modern Apprenticeship
- Wales – foundation Modern Apprenticeships, Skillbuild or Skillbuild+

Note: Do not include young people who have permanently finished an education or training course like these. Do not include children or young people who are boarding with you or foster children.

PRIVATE AND CONFIDENTIAL

For each child you wish to apply for we will require:

- Birth certificate as proof of age.
- Confirmation of parental/legal responsibility, if the applicant is not the infected beneficiary, i.e. confirmation of Child Benefit payment; and
- Proof of educational status of each child over the age of 18 until they reach 21 (i.e., enrolment letter for course).

If you are the primary care provider of a child/children of an infected beneficiary but not a beneficiary yourself, you may still be entitled to apply for support for the child/children for whom you are caring.

If someone else cares for your child/children and is their primary care giver, then they can complete the form for payment.

Only one payment per child will be issued, so please ensure both parents and/or legal guardians are happy for the applicant to receive the money.

Please complete all questions on the form below and send it back to the address at the bottom of the application form.

If you need any help completing this application form, please call 02921 500900 and speak to one of our welfare rights advisors.

We will normally deal with your claim within 30 working days of receiving your form.

If we need more information, we will write to you to ask for it.

If you have any questions about your claim, or if it is more than 30 working days since we received it and you have not heard from us further, you can call the WIBSS team on 02921 500900, Monday to Friday between 9am and 5pm.



Cynllun Cymorth Gwaed Heintiedig
Cymru
Wales Infected Blood
Support Scheme

Form K - Child Payment Application Form

PAYMENT FOR THE CARE AND SUPPORT OF A
CHILD/ CHILDREN OF AN INFECTED BENEFICIARY

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 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_____

Print Name _____

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.

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 Legislation, and will not be shared with any other organisation. Velindre NHS Trust are a Data Controller under the Legislation 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.

For further information on how we use your information, please see the Privacy Policy available on our website.

Please read the guidance notes above before filling in this form. Please complete in BLOCK CAPITALS.

Do you have any children or qualifying young people who live with you and who you support who you wish to make a claim for?

Yes

No

(If no, no need to complete this form. If someone else is the primary carer for your child(ren) then they can complete the form.)

I understand that only one payment can be made per child and confirm that both parents/ legal guardians' consent to the payment going to the applicant.

Sign here to certify you understand the statement above

SECTION 1 ABOUT YOUR HOUSEHOLD

Your Details

WIBSS Reference:

Title

First Name

Middle Name(s)

Surname

Previous Name(s)

Date of Birth

Address
(must be
main residence)

Postcode

Home Telephone Number

Mobile Telephone Number

Email Address

National Insurance Number

PRIVATE AND CONFIDENTIAL

What is your Marital Status? Please Tick one option Below:

Married Civil

Civil Partnership

Living with Partner

Widowed

Divorced

Separated

Single

SECTION 2 CHILDREN AND QUALIFYING YOUNG PERSONS

Details of qualifying children and young persons that live with you:

First Name	Surname	Date of Birth	Relationship to you

For each child listed above we will require:

- Birth certificate as proof of age.
- Confirmation of parental/legal responsibility, if the applicant is not the infected beneficiary, i.e. confirmation of Child Benefit payment; and
- Proof of educational status of each child over the age of 18 until they reach 21 (i.e., enrolment letter for course).

Are you the primary care giver of the child?

Yes No

If 'no', please provide details of who is:

SECTION 3 ADDITIONAL INFORMATION

If there is any additional information that you would like to tell us, please use the space below:

Thank you for completing this form.

Please send this application form to:

WIBSS
Velindre Cancer Centre,
Velindre Road,
Whitchurch,
Cardiff,
CF14 2TL