



Form I

DETAILS AND CONTACT PREFERENCES FORM

SECTION 1

CONTACT DETAILS AND PREFERENCES

What is your WIBSS reference number?

Please indicate your contact preference(s) below:

	✓
Post	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Email	<input type="checkbox"/>

Please provide your details below:

Address

Postcode

Home Telephone Number

Mobile Telephone Number

E-Mail Address

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.

COMUNICATION PREFERENCES

Contract Preference (*Delete as Applicable*): email/post/telephone

Language Preference (*Delete as Applicable*): Welsh/English

Payment Frequency (*Delete as Applicable*): Monthly/Quarterly

BANK DETAILS

Bank/Building Society Name:

Account Name:

Account No:

Sort Code:

Building Society Roll No:

SPOUSE OR PARTNER DETAILS

If you have a spouse or partner, please provide their details below:

Title First Name

Middle Name(s) Surname

Telephone Number E-Mail Address

What is their relationship to you?

GP DETAILS

Surgery Name GP's Name

Address

Telephone Number |

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 First Name

Middle Name(s) Surname

Telephone E-Mail Address

Number

What is their relationship to you?

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:

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