



Cynllun Cymorth Gwaed
Heintiedig Cymru
Wales Infected Blood
Support Scheme

FORM L APPLICATION AND GUIDANCE NOTES

APPLICATION TO RECEIVE ADVANCED STAGE 1 + PAYMENTS

GUIDANCE NOTES FOR APPLICANT

This form is for applicants who have already joined WIBSS. Those in receipt of Hepatitis C Stage 1 payments, who are experiencing significant mental health issues and/or post-traumatic stress (PTS) related to their diagnosis can apply for enhanced Stage 1 + payments.

HOW TO APPLY

You should complete all questions on the form. The enhanced payment scheme does not require any medical input in the application process. The form simply asks; if you are suffering from any mental health issues/post-traumatic stress; whether you feel these issues are related to your infection from contaminated blood or blood products; and whether the symptoms are affecting your ability to carry out day to day activities. If the answer to these questions is yes, there will be no need for further assessment as you should only be completing this form if you already in receipt of Stage 1 payments from WIBSS.

If you are not already on the WIBSS scheme then you will need to complete form A which can be found on our website: <https://WIBSS.wales.nhs.uk>

WHAT HAPPENS NEXT

Provided that the information supplied confirms you are eligible to receive payment for enhanced Stage 1 +, you will receive a letter from the scheme to confirm this.

Please note; if your application is accepted, any payment due will be backdated to the date that your application was received by WIBSS.

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 02921 500900 or;

Email: VCC.WIBSS@wales.nhs.uk

SECTION 1(A) DATA PROTECTION AND APPLICANT'S DECLARATION

Please tick to confirm:

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 have not received payment from any other UK scheme as a result of my Hepatitis C infection.

I agree to NHS Wales obtaining any data held on me by the Skipton Fund or the Caxton Foundation for the purposes of providing me with financial support.

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. By submitting this form to a medical professional, you consent to your medical details requested in Sections 2 to 5 inclusive being supplied to Velindre NHS Trust for the purpose of administering 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.



SECTION 1(B) APPLICATION DETAILS

Title

First Name

Middle Name(s)

Surname

Previous Names

Date of Birth

Address
(must be main
residence)

Postcode

Home Telephone Number

Mobile Telephone Number

Email Address

National Insurance Number



SECTION 1(C) FURTHER APPLICATION DETAILS

Are you suffering from any mental health or well-being issues/post-traumatic stress?

Yes No

If 'Yes', Please provide details:

If 'Yes', do you think these issues are related to your infection from contaminated blood or blood products?

Yes No

If 'Yes', Are your symptoms affecting your ability to carry out day-to-day activities?

Yes No



Thank you for completing this form.

Please note; if your application is accepted, any payment due will be backdated to the date that your application was received by WIBSS.

The form and all supporting documents must be sent directly to the Wales Infected Blood Support Scheme at:

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

