Witness Name: LIAM MCIVOR
Statement No: WITN4507001
Exhibits: WITN4507002 – WITN45070015
Dated:

INFECTED BLOOD INQUIRY

EXHIBIT WITN4507012

BUSINESS SERVICES ORGANISATION INFECTED BLOOD PAYMENT SCHEME INFORMATION FORM

SECTION 1 PERSONAL DETAILS

Title		First Name	
Middle Name(s)		Surname	
Date of Birth		Current Age	

SECTION 2 CONFIRMATION OF YOUR CONDITION:

Please note a new application <u>is not</u> required

Please tick the relevant box:

	✓
Hepatitis C Stage 1	
Hepatitis C Stage 2	
HIV	
Co-Infected Hepatitis C & HIV Stage1	
Co-Infected Hepatitis C & HIV Stage2	

SECTION 3 CONFIRMATION OF SUPPORT SCHEME PAYMENTS

Please confirm if you receive your scheme payments on a monthly or quarterly basis: Please tick the relevant box:

	✓
Monthly	
Quarterly	

Please confirm the amount of funding you receive in relation to your condition. Please do not include Income top up, winter fuel or grant payments.

Monthly	£
Quarterly	£

Please confirm the amount of income top up you receive if applicable.

Monthly	£
Quarterly	£

Please can you confirm the total amount of grant support you have received from April 2017 to present if applicable.

TOTAL AMOUNT	£

Please describe the items of grant support received in the box below:

SECTION 4 CONTACT DETAILS AND PREFERENCES

If there are any methods of communication you **do not** want us to contact you by, please let us know by ticking the boxes below:

	✓
Do not contact me by letter	
Do not contact me by telephone	
Do not contact me by e-mail	

If you are happy for us to contact you via telephone or e-mail, please provide those details below:

Home Telephone Number	
Mobile Telephone Number	
E-Mail Address	

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 provide this below:

Alternative Correspondence Address			
		Post Code	

SECTION 5 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		First Name	
Middle Name(s)		Surname	
Telephone Number		E-Mail Address	

What is their relationship to you?

SECTION 6 BANKING INSTRUCTION CONFIRMATION

Please provide the details of the bank account you would like payment made to:

Name(s) of Account Holders(s)

Sort Code – –

Account Number

SECTION 7 DATA PROTECTION AND APPLICANT'S DECLARATION

✓ Please tick to confirm

☐ **I understand that** data I provide may be shared with HSC 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 agree to repay any overpayments made to me in error by the Business Services Organisation

I understand if I knowingly give wrong or incomplete information I may be prosecuted.

I agree to the Business Services Organisation obtaining any data held on me by the Eileen Trust, the Macfarlane Trust, MFET Ltd, the Skipton Fund or the Caxton Foundation for the purposes of providing me with financial support.

I understand the Business Services Organisation may require access to 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 on future financial support applications to the Infected Blood Support Scheme.

Signature of Beneficiary		Date	

If you have any queries please telephone, e-mail or write to us using the details below:

Email: BSO.IBSS@hscni.net Telephone: 02895 363817

Post: Infected Blood Payment Scheme for Northern Ireland
Business Services Organisation
Finance Directorate
2 Franklin Street
Belfast
BT2 8DQ

SECTION 8 ADDITIONAL INFORMATION

If you have any additional information you would like to provide, please add it here: