



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

FORM L

**APPLICATION TO RECEIVE ENHANCED
STAGE 1 PLUS PAYMENTS**

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 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

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.

SECTION 1(B)

APPLICANT DETAILS

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>	Surname	<input type="text"/>
Previous Names	<input type="text"/>		
Address (this must be your main residence)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Home Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>
E-Mail Address	<input type="text"/>	Date of Birth	<input type="text"/>

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 give detail

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

Wales Infected Blood Support Scheme
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UB