

## **England Infected Blood Support Scheme (EIBSS) Discretionary (one-off) payments and/or income top-up amounts application form**

### **Notes to applicants**

**To make an application for a discretionary (one-off) payment or income top-up amount, you or your spouse, partner or parent must already be registered with EIBSS.**

Discretionary payments aim to provide support to beneficiaries through contributing to the cost of essential items or services. The payments will normally only be available to cover costs of items or services which are needed, at least indirectly, as a result of the impacts of your hepatitis C or HIV infection.

Payments are also available to help with the transition following an infected beneficiary's death. These payments are available to widows, widowers, long-term partners, or children under 21 years old who are in full-time education where their spouse, partner or parent has died.

Examples of lower value grants available from the Scheme are:

- Mobility aids
- Prescription prepayment certificates
- Lower value health-related adaptations to the home
- Other support or care to help a person to remain in their own home
- Vehicle repairs or adaptations if a car is essential, for example to get to hospital
- Funeral plans, or in some cases the cost of a funeral
- Education or training courses
- Respite breaks and respite care due to treatment complications
- Counselling or psychological support

Examples of higher value grants are:

- Higher value home repairs
- Home adaptations
- Costs for provision of care at home

Further details are available on our website at [www.nhsbsa.nhs.uk/EIBSS](http://www.nhsbsa.nhs.uk/EIBSS)

To apply, you will need to first check if your local authority, the NHS or another public body is able to support what you need. In some cases they may only provide a contribution or some of the support you need. In that case, the Scheme may be able to supplement that support.

We assess all applications on a case-by-case basis and take household income and in some cases also expenditure into account. In providing this information you do not need to include a person as a member of your household if they share your accommodation, but are not dependent on you for financial support, nor are you dependent on them – for example, a flatmate or a lodger.

In completing this form you do not need to include payments you receive from the EIBSS, or any interest earned on those payments. Any regular monthly or quarterly payments from the Scheme will be taken into account in assessing your total income, lump sum payments and interest earned on payments from the scheme will not be taken into account.

## **How to apply**

Please complete all sections of this form and send it along with the supporting documentation to:

FREPOST EIBSS (valid within the UK only) or to EIBSS, Skipton House, 80 London Road, London, SE1 6LH

## **Supporting documents required**

To allow us to assess your application, we need you to provide the following documentation:

- Last three months bank statements showing your household income (if the income is received into more than one account, please provide statements for all of those accounts). We accept both regular and internet bank statements. If you are sending us printed internet bank statements, please ensure the print includes the HTTP address on the page.
- Quotes for the work, items or services that you would purchase with the grant. Two quotes should be provided, unless there is only one suitable provider (if so, please provide reasons for this). Links to, or screenshots of, web pages can be used to show the cost of an item or service.
- If applicable, any paperwork you have relating to any permissions you have obtained (e.g. building warrants, planning permission, etc).
- For health-related applications (e.g. mobility aids, respite care, home or vehicle adaptations, support in providing a carer, etc.) please include a letter from a registered health professional, such as a doctor or occupational therapist, confirming why the grant would be beneficial to you.

## **What happens next**

The EIBSS will review the application to ensure you are eligible to receive the payment. If any additional details are required, the Scheme will contact you to ask for these. Provided that the information supplied confirms you are eligible, you will receive a letter from the Scheme to confirm the amount of the payment(s) to be made and the date the payment(s) will be sent to you.

## Section 1 - Applicant's details

|   |                      |                               |                      |
|---|----------------------|-------------------------------|----------------------|
| Title:  | <input type="text"/> | Address (including postcode): | <input type="text"/> |
| First name:   | <input type="text"/> |                               |                      |
| Last name:  | <input type="text"/> | Postcode                      | <input type="text"/> |
| Date of birth:  | <input type="text"/> | Mobile number:                | <input type="text"/> |
| EIBSS reference number (if you already have one):   | <input type="text"/> | Landline number:              | <input type="text"/> |
| Marital/civil partnership status:   | <input type="text"/> | National Insurance number:    | <input type="text"/> |
| If applying on behalf of the estate if the applicant is deceased, what is or was your relationship to this person?: | <input type="text"/> |                               |                      |

If you are applying on behalf of the estate of somebody who has died, you must have been granted probate on or named as executor in their will. If the applicant is deceased and you have not already supplied the EIBSS with a copy of the death certificate please attach a copy to this form.

We will ask you to supply relevant supporting evidence if you are applying on behalf of a recipient. For example, this may include a Power of Attorney or a signed letter from a GP. If you're unsure what evidence to supply please contact us at [nhsbsa.eibss@nhs.net](mailto:nhsbsa.eibss@nhs.net) or on 0300 330 1294, or you can write to us at FREEPOST EIBSS (valid within the UK only) or at EIBSS, Skipton House, 80 London Road, London SE1 6LH.

## Section 2 - Contact preferences

Please indicate your preferred method by which we may contact you with essential information about the Scheme by ticking the relevant box(es) below:

I prefer to be contacted by:  letter  telephone  email

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 (please provide below)

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> |                      |
| Postcode             | <input type="text"/> |

Please let us know if you need your letter in a specific format:

If you have indicated that you are happy for us to contact you by telephone or email, please provide the details you'd like us to use here:

|                            |                      |                          |                      |
|----------------------------|----------------------|--------------------------|----------------------|
| Landline telephone number: | <input type="text"/> | Mobile telephone number: | <input type="text"/> |
| Email address:             | <input type="text"/> |                          |                      |

### Section 3 - Data Protection

By submitting this form to the NHS Business Services Authority (NHSBSA), you confirm that you have read and understood the privacy notice at the end of this form.

Your personal information will only be used by the NHSBSA on behalf of the Department of Health, to check your eligibility for a payment and to administer your application. In the event that you appeal a decision, your information may be disclosed to a panel of experts. Information about the NHSBSA's privacy policy is available at [www.nhsbsa.nhs.uk/our-policies/privacy](http://www.nhsbsa.nhs.uk/our-policies/privacy). All personal information will be transferred and stored securely in compliance with Data Protection law.

By submitting this form to a medical professional, you consent that your medical details necessary to evidence your application will be supplied to the NHSBSA for the purpose of administering your application. If your application is deemed to be ineligible, the scheme will keep your application form on file for up to ten years so that it has a full historical record in the event that you lodge an appeal or if you reapply for a payment. If you have any questions regarding the use of your information, please contact the scheme administrator, by telephone on 0300 330 1294, by email to [nhsbsa.eibss@nhs.net](mailto:nhsbsa.eibss@nhs.net), or in writing to FREEPOST EIBSS (valid within the UK only) or to EIBSS, Skipton House, 80 London Road, London SE1 6LH.

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### Section 4A - Applicant Declaration (to be completed by you)

**Declaration:** I confirm that the information given in this application form is, to the best of my knowledge and belief, correct and complete. I understand and consent to the sharing of information relating to my medical condition with assigned expert group members of the NHS Business Services Authority for the purposes of applying for increased annual payments and with the NHS Counter Fraud Authority for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand that if I knowingly give false information, support will be stopped and I may be asked to return any financial support given to me as a result of this application and that I may be liable for prosecution and civil recovery proceedings.

Signed:

Date:

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

## Section 5 – Details of request

What type of payment are you applying for?:

Discretionary (one-off) payment

Income top-up

What is the value of the payment you are applying for?

£

Please provide full details of how you would spend this amount:

How would this benefit you?

Have you applied to anyone else for this support?

Yes  No

If 'Yes', please provide details of any applications you have made and the outcome of these:

Do you require any permissions or consents regarding how this money will be spent? (e.g. building warrants, planning permission, listed building consent, etc.)

Yes  No

If 'Yes', please provide details:

## Section 6 – Household income and savings

Please provide details of your household income. The figures you provide should be:

- Monthly, after deduction of tax, and
- Represent the income for you and all adults in your household.

If your income varies, please provide the average income figure over the past six months. You do not need to include payments you receive from the EIBSS, or any interest received on those payments.

| Income Type  | Monthly Income (after tax) |
|--|----------------------------|
| Income from employment   | £ <input type="text"/>     |
| Sick Pay from employment   | £ <input type="text"/>     |
| State pensions   | £ <input type="text"/>     |
| Other pensions   | £ <input type="text"/>     |
| Income from savings or investments (such as interest and dividends)                                      | £ <input type="text"/>     |
| Benefits – Universal Credit  | £ <input type="text"/>     |
| Benefits – Tax Credits, State Pension Credit and other Low Income Benefits, or Welfare Fund payments     | £ <input type="text"/>     |
| Benefits – Jobseekers Allowance  | £ <input type="text"/>     |
| Benefits – Employment and Support Allowance  | £ <input type="text"/>     |
| Benefits – Personal Independence Payments, Attendance and Benefits Allowance and Independent Living Fund | £ <input type="text"/>     |
| Support Benefits, Child and Family Benefits  | £ <input type="text"/>     |
| Benefits – Heating and Housing Benefits  | £ <input type="text"/>     |
| Benefits – Bereavement Allowance   | £ <input type="text"/>     |
| Other regular income – please specify:   | £ <input type="text"/>     |
| <input type="text"/>   |                            |

Please specify any savings or investments held over the value of £5,000 (note – you do not need to include one-off lump sum payments received from the EIBSS)

Savings £  Shares £

Other capital held (e.g. the value of any land or property you own, not including your main home) £

Number of adults in the household

Number of dependent children under the age of 18 or children up to 21 in education

## Section 7 – Household expenditure

Please provide details of your household expenditure. The figures you provide should be:

- Average monthly figures
- Represent the expenditure for the whole of your household

### Expenditure Type

### Monthly Payment

|   |                                |
|---|--------------------------------|
| Mortgage or rent  | <input type="text" value="£"/> |
| Council Tax and water   | <input type="text" value="£"/> |
| Gas and electricity   | <input type="text" value="£"/> |
| TV, telephone and internet  | <input type="text" value="£"/> |
| Housekeeping (e.g. groceries)                                     | <input type="text" value="£"/> |
| Buildings and contents insurance                                  | <input type="text" value="£"/> |
| Motoring costs (e.g. finance payments, servicing, tax, insurance) | <input type="text" value="£"/> |
| Other insurances  | <input type="text" value="£"/> |
| Clothing and personal items                                       | <input type="text" value="£"/> |
| Regular travel costs  | <input type="text" value="£"/> |
| Bank charges  | <input type="text" value="£"/> |
| Loans, credit cards and other debt payments                       | <input type="text" value="£"/> |
| Other regular expenditure   | <input type="text" value="£"/> |

If other please specify:

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## Section 8 – Payment details

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

Name(s) of account holders(s):

Bank name:

Sort Code:

 -  - 

Swift/BIC number (if applicable):

IBAN (if applicable):

Account number

Building society roll number:

## England Infected Blood Support Scheme - Privacy notice

The NHSBSA will process the information supplied by the charities who previously provided the service for the purposes of administering payments under the EIBSS.

The NHSBSA is providing this service, as it is legally obliged to do so under the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Infected Blood Payments Scheme) Directions 2017.

The NHSBSA can be contacted at the following address: FREEPOST EIBSS (valid within the UK only) or at EIBSS, Skipton House, 80 London Road, London SE1 6LH.

### Data sharing

Your information may be shared with other people/organisations including, but not limited to, the following:

- Administrators of other Infected Blood Support Schemes in the UK to ensure you are directed to the correct scheme.
- Medical professionals for the assessment of any future applications/appeals made.
- The Department of Health for planning and information purposes.

The information may be shared for the purposes of preventing fraud and error.

By accepting this information and continuing with your claim you consent to the disclosure of relevant information to the NHSBSA and any other relevant parties they may share it with as outlined above.

Your information will not be transferred outside the EU unless you, at any time, reside outside of that area and the transfer is required in order to write to you regarding the service and/or to make payments to the appropriate bank.

How long we will keep your information

Your information will be retained for seven years following the date of the final payment being made to you or any of your dependents.

### Your rights

Information you provide to the NHSBSA will be managed as required by relevant Data Protection law including the General Data Protection Regulation (GDPR).

You have the right to:

- Receive a copy of the information the NHSBSA holds about you.
- Request your information be changed if you believe it was not correct at the time you provided it.
- Request that your information be deleted if you believe the NHSBSA is processing it for longer than is necessary to make payments under the EIBSS.

Details of how the NHSBSA processes your data are shown on our website at <https://www.nhsbsa.nhs.uk/our-policies/data-protection>



To make use of these rights please contact the NHSBSA Data Protection Officer:

Head of Internal Governance  
NHS Business Services Authority  
Stella House  
Goldcrest Way  
Newburn Riverside  
Newcastle upon Tyne  
NE15 8NY

*[nhsbsa.dataprotection@nhs.net](mailto:nhsbsa.dataprotection@nhs.net)*

If you have any concerns about the processing of your information you have the right to contact the Data Protection Regulator:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

*<https://ico.org.uk/global/contact-us/email/>*

*<https://ico.org.uk/>*