

England Infected Blood Support Scheme (EIBSS) Discretionary one-off payments application form

Notes to applicants

Discretionary one-off payments are a form of financial support that beneficiaries and bereaved spouses/partners may apply for to cover the cost of certain essential health-related items or services. Further evidence may be required to demonstrate need. In all cases, the applicant should check their eligibility with us before committing to any service or expenditure.

To be eligible to apply for discretionary one-off payments, the applicant must be registered with EIBSS; everyone registered with EIBSS hold a unique reference number and be:

- someone historically infected with HIV and / or hepatitis C from NHS blood or blood products
- a bereaved spouse, civil or long-term partner who lived with an infected beneficiary.

How to apply

Further details about how to apply for discretionary one-off payments is detailed in the booklet England Infected Blood Support Scheme (EIBSS) Discretionary Support Guidance Booklet 2018/19.

What you can expect from us

Your claim will be assessed by the NHS Business Services Authority, England Infected Blood Support Scheme at Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

We will normally deal with your claim within 30 working days of receiving your form. If we need more information, we will write to you to ask for it.

If you have any questions about your claim, or if it is more than 30 working days since we acknowledged receipt of your form and you have not heard from us further, you can call the EIBSS team on 0300 330 1294, Monday to Friday between 9am and 5pm.

Your personal information will only be used by the NHSBSA on behalf of the Department of Health and Social Care to check your eligibility and to administer your application. If 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/yourinformation. All personal information will be transferred and stored securely in compliance with Data Protection law.

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"/>		
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 an applicant. 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 or on 0300 330 1294, or you can write to us at FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

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"/>	
Post code	<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. 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, or in writing to FREEPOST EIBSS (valid within the UK only) or to EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

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:

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Section 5 – Details of request

What type of discretionary one-off payment are you applying for i.e. hospital travel, counselling etc?

What is the value of the one-off 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, if 'No', please explain why:

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:

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, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

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

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/>