

England Infected Blood Support Scheme (EIBSS) Discretionary one-off payment application form: Respite break

Notes to applicants

Discretionary one-off payments are a form of financial support that beneficiaries may apply for to cover the cost of certain essential health related items or services.

You must apply for payment before committing to payments of any services or expenditure. Please note any payments you make before approval may not be paid.

Failure to provide requested further information within a one-month period will result in a new application being required.

Who can apply

To apply for the Respite break discretionary one-off payment, the applicant must be:

- An infected beneficiary registered with EIBSS

What you can apply for

A discretionary payment of up to £750 is available towards the cost of a respite break for an infected beneficiary and their carer (where required).

A respite discretionary payment can be applied for once per year.

The respite break must be recommended by a medical professional, following a period of ill-health as a direct result of the HIV and/or hepatitis C infection or its treatment. If the break is required following treatment for hepatitis C, the treatment start and end dates should be included in the supporting medical letter.

The break should be for no longer than one week and if travelling abroad, should not be considered a long-haul flight. The quotes for the break must be dated within three months of the application date.

How to apply

To apply through EIBSS, the applicant **must** send:

- A completed discretionary one-off payment application form; and
- Two quotes from a travel agent on letter headed paper or internet pages which show the full itinerary of the break.

Please complete sections 1-5 of the form.

Sections 6 and 7 must be completed by a medical professional (i.e. your GP or consultant) to whom you should give the form after you have completed and signed sections 1-5.

Sending your application form to us

Please send the application form and the requested information, by post or email to:

FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN or by email to: eibss@nhsbsa.nhs.uk

Sending personal information via e-mail in transit over the internet is at risk of being intercepted. Please visit the below web link for guidance on sending the information to us securely.

<https://www.nhsbsa.nhs.uk/our-policies/privacy/information-security>

What you can expect from us

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 need any assistance with completing your application form please contact us at eibss@nhsbsa.nhs.uk or on 0300 330 1294, Monday to Friday between 9am and 5pm.

Your claim will be assessed by the NHS Business Services Authority, England Infected Blood Support Scheme.

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. 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.

If we are unable to approve your application for the discretionary one-off payment, we will provide you with the reasons why this has been declined. You can appeal our decision by writing to us within 3 months.

Further details on other discretionary one-off payments that are available are detailed in the [England Infected Blood Support Scheme \(EIBSS\) Discretionary Payments Guidance Document](#).

Section 1 - Applicant's details

Title:	Address (including postcode):										
First name:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>										
Last name:											
Date of birth:	Postcode <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / /											Mobile number:
EIBSS reference number (if applicable):	Landline number:										
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									Email address:		
Marital/civil partnership status:											

If applying on behalf of a beneficiary, what is your relationship to them?

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.

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)

--	--	--	--	--	--	--	--	--	--

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:

Mobile telephone number:

Email address:

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 eibss@nhsbsa.nhs.uk, 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 4 - Applicant Declaration (to be completed by you/your representative)

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.

Please note: Failure to provide requested further information within a three-month period will result in a new application being required.

Signature of applicant:

Date:

		/			/				
--	--	---	--	--	---	--	--	--	--

Section 5 - Details of request (Respite break)

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?

Please note the break should be for no longer than one week and if travelling abroad, should not be considered a long-haul flight.

Is your intended respite break for longer than a week?

Yes No

If you are flying, is your flight longer than 3 hours?

Yes No

Please provide two quotes from a travel agent on letter headed paper or internet pages which show the full itinerary of the break. The quotes for the break must be dated within three months of the application date.

Section 6 - Information from your medical professional

To be completed by the GP or consultant currently in charge of the applicant's care.

Notes to medical professionals completing this form

Please complete the relevant parts of Sections 6 and Section 7.

The purpose of this form is to confirm if the applicant is eligible for a discretionary payment towards the cost of a respite break for themselves and their carer (where required)

Details of request (respite break) To be filled in by a GP/Medical practitioner

Has the applicant recently had a period of ill-health?

Yes

No

If 'Yes', was the period of ill-health as a direct result of their HIV and/or hepatitis C infection or its treatment?

Yes

No

If 'Yes', please provide further information about the period of ill health:

If the period of ill health is as a direct result of treatment for HIV and/or hepatitis C, please confirm the dates of treatment below:

Treatment start date:

		/			/				
--	--	---	--	--	---	--	--	--	--

Treatment end date:

		/			/				
--	--	---	--	--	---	--	--	--	--

Do you recommend a respite break for the beneficiary?

Yes

No

If 'Yes', please detail the respite break required to help the applicant recover from their recent period of ill-health:

Does the applicant require a carer to accompany them?

Yes

No

If 'Yes', please explain why:

Section 7 - Medical practitioner declaration

Declaration: By signing this form I confirm that the information contained within Section 6 of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution. I consent to the disclosure of information from this form to and by the NHS Business Services Authority and NHS Counter Fraud Authority for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

Signed:

Date:

		/			/				
--	--	---	--	--	---	--	--	--	--

Identity and authority of the medical practitioner completing the relevant sections of the form

Name of medical practitioner:

Medical practitioner's GMC number:

Hospital or Surgery Address:

Postcode									

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:

Data Protection Officer
NHS Business Services Authority
Stella House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

dataprotection@nhsbsa.nhs.uk

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/>