

## England Infected Blood Support Scheme (EIBSS) Talking Therapy Support - Further Treatment application form

### Notes to applicants

You must have applied for initial counselling and talking therapy funding, before completing this application form. Further information is available at: [www.nhsbsa.nhs.uk/talking-therapy-support](http://www.nhsbsa.nhs.uk/talking-therapy-support)

This form should only be completed when you require further 'Talking Therapy Support' funding. Your Counsellor/ Therapist must agree further treatment is required.

**You must apply to EIBSS for approval of further treatment, prior to starting this further treatment, if you are seeking funding from EIBSS to cover the cost. Funding will be subject to you having provided receipts for your earlier counselling/therapy.**

**Failure to provide requested further information within a 30 day period will result in a new application being required.**

### Who can apply

To apply for further funding, the applicant must be one of the following:

- An infected beneficiary registered with EIBSS
- A bereaved beneficiary registered with EIBSS
- A family member of an EIBSS beneficiary

### What you can apply for

You can apply for funding to receive further 'Talking Therapy Support', which has been recommended by your Counsellor/ Therapist.

### How to apply

To apply for further funding, the applicant must;

- complete sections 1- 2 of this form
- ask their Counsellor/ Therapist to complete sections 3-6 of this form
- return the completed form to EIBSS

### Sending your application form to us

Please send the completed application form 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](mailto: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.

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

## **What you can expect from us**

We will normally deal with your application within 30 working days of receiving your form. Please submit your application in time to allow timely continuation of treatment, if approved. 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](mailto:eibss@nhsbsa.nhs.uk) or on 0300 330 1294, Monday to Friday between 9am and 5pm.

Your application 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](http://www.nhsbsa.nhs.uk/yourinformation). All personal information will be transferred and stored securely in compliance with Data Protection law.

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.

## Applicant to complete sections 1 and 2

### Section 1 - Applicant's details (who is applying for the Talking Therapy)

Title:	<input type="text"/>	Address (including postcode):	<input type="text"/>						
First name:	<input type="text"/>								
Last name:	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	Mobile number:	<input type="text"/>						
EIBSS reference number (if applicable):	<input type="text"/>	Landline number:	<input type="text"/>						
Marital/civil partnership status:	<input type="text"/>	Email address:	<input type="text"/>						
If applying on behalf of a beneficiary, what is your relationship to them?									
<input type="text"/>									

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.

If you do not have a EIBSS Reference Number, it is because you have not received support from us before. Please ensure you have first applied for initial counselling and talking therapy funding, before completing this application form. Further information is available at: <http://www.nhsbsa.nhs.uk/talking-therapy-support>. This initial treatment will help you understand whether further treatment, and of what sort, is right for you.

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### Section 2 - Applicant Declaration (to be completed by you/your representative)

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

**Declaration:** I confirm that the information given in sections 1 - 2 of 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 treatment information with my counsellor/therapist, the NHS Business Services Authority and NHS England for the purposes of applying for further talking therapy funding. Also, 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:	<input type="text"/>	Date:	<input type="text"/>
			<input type="text"/>

## Counsellor / Therapist to complete sections 3 - 6

### Section 3 - Counsellor/ Therapist Details (to be completed by a Counsellor/Therapist):

Please provide the following details, to confirm that you are a registered treatment provider.

Name of clinician:

Professional registration number:

Contact number:

Email Address:

Treatment address:

Postcode									

#### Registered Organisation

Tick, if applicable

Health and Care Professions Council (HCPC)

British Association of Cognitive and Behavioural Psychotherapies (BABCP)

United Kingdom Council for Psychotherapy (UKCP)

British Psychoanalytic Council

British Association for Counselling and Psychotherapy (BACP)

National Counselling Society (NCS)

Association of Christian Counsellors (ACC)

### Section 4 - Treatment to be provided (to be completed by a Counsellor/Therapist):

Please confirm a summary of the treatment to be provided below.

Please select which NICE recommended treatments are to be provided below. Select all that apply.

#### Depression

##### Psychological treatments

Tick, if applicable

A Guided self-help based on Cognitive Behavioural Therapy principles

B Cognitive Behavioural Therapy

C Interpersonal Therapy

D Couple Therapy

E Counselling for Depression

F Brief Psychodynamic Therapy

**Anxiety Disorders** (including panic disorder, phobias, obsessive compulsive disorder, and generalised anxiety disorder)

**Psychological treatments**

Tick, if applicable

G Guided self-help based on Cognitive Behavioural Therapy principles (but not for social anxiety disorder or post-traumatic stress disorder)

H Cognitive Behavioural Therapy

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**Post-traumatic Stress Disorder (PTSD)**

**Psychological treatments**

Tick, if applicable

I Cognitive Behavioural Therapy

J Eye Movement Desensitisation and Reprocessing (EMDR)

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**If you recommend a treatment that is not listed above, we cannot process this application. You must contact us on the applicant's behalf, to request inclusion of another treatment, this must be supported by evidence of the treatment's effectiveness. NHSBSA will then seek advice from NHS England psychological treatment experts for a decision.**

Please confirm the number of treatment sessions to be provided

Please confirm the frequency of treatment (Either tick the box or enter the frequency in the 'other' box)

Weekly  Monthly Other

Please confirm the cost per session £

Please declare that the following applies to you

**I confirm that;**

Tick, if applicable

The treatment is within the scope of my registered practice

I am fully qualified to provide the treatment selected

I am competent to provide the treatment selected

I receive clinical supervision of the treatment selected

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**Section 5 - Payment details** (to be completed by a Counsellor/Therapist):

If the application to provide ongoing treatment for our scheme member is successful, NHSBSA will confirm the funding arrangements are in place.

Please provide your business bank account details below, for the treatment you will provide.

Name(s) of account holder(s):

Sort code / SWIFT BIC:

  

Account number:

Building society roll number:

Name(s) of account holder(s):

Bank name:

Sort code / SWIFT BIC:

Bank address

Postcode									

Account number:

- NHSBSA will provide you with an invoice template to complete and submit after each treatment session(s).
- Invoices will need to be submitted by post to: NHS Business Services Authority, Corporate Finance, 1st Floor, Stella House, Goldcrest Way, Newcastle upon Tyne, NE15 8NY or by email to: [accountspayable@nhsbsa.nhs.uk](mailto:accountspayable@nhsbsa.nhs.uk)
- NHSBSA process invoices within 30 days of the invoice date, in accordance with the Better Payment Practice Code (BPPC) KPI.

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### Section 6 - Counsellor / Therapist Declaration (to be completed by a Counsellor/Therapist):

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

By signing this form I confirm that the information contained within sections 3 - 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 to 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.

Signature of Counsellor/ Therapist:

Date:

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### 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 and Social Care, to check your eligibility for a payment and to administer your application. 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 counsellor/therapist, you consent that your treatment information 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](mailto:eibss@nhsbsa.nhs.uk), or in writing to: FREEPOST EIBSS (valid within the UK only) or to EIBSS, NHSBSA, Bridge House, Newcastle-upon-Tyne, NE1 6SN.

## **England Infected Blood Support Scheme - Privacy notice**

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, 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, including data matching activities for the purposes of preventing fraud
- NHS Business Services Authority to make payments under the Infected Blood Interim Compensation Scheme (ICSP)
- medical professionals for the assessment of any future applications/appeals made
- the Department of Health and Social Care for planning and information purposes
- NHS England for planning and information purposes, and advising on the inclusion of additional psychological treatments, to those listed by NICE.
- Russell Cooke Solicitors to obtain the necessary information to make accurate payments

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

By accepting this information and continuing with your application 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 UK or European Economic Area 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 UK 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 England Infected Blood Support Scheme.

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:

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

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

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/>

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