

## GUIDANCE NOTES FOR APPLICANTS

This form is for beneficiaries who are already registered with the Scottish Infected Blood Support Scheme and wish to apply for the **Living Costs Supplement** support and assistance grant.

This supplement is intended to help provide support for additional costs associated with Hepatitis C – such as winter fuel costs, insurance costs, travel costs for hospital visits, to help support healthy eating and other costs linked to the infection.

For widows, widowers, civil partners, or long-term cohabiting partners of deceased beneficiaries, it is intended help with the transition following the infected beneficiary's death.

This list is just a guide – the purpose of the supplement is to reduce the impact of infection and bereavement generally and eligible beneficiaries are free to use it in the way that they feel would best address their needs.

Further details are available on our website at [www.nhsnss.org/SIBSS](http://www.nhsnss.org/SIBSS)

To be eligible to apply for this payment, you must either be:

- Currently registered with the scheme for your own Hepatitis C infection and not receiving HIV or Advanced Hepatitis C payments

Or:

- A widow, widower, civil partner, or a long-term cohabiting partner of a deceased beneficiary of the scheme who was living with the beneficiary at the time of their death and is not receiving any regular payment from the scheme in respect of their own, or their late partner's infection

If your circumstances differ to the above, please contact the Scottish Infected Blood Support Scheme for guidance.

## HOW TO APPLY

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

Scottish Infected Blood Support Scheme  
Practitioner Services  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

## GUIDANCE NOTES

### **SUPPORTING DOCUMENTS REQUIRED**

If you have never received any payments from the scheme, or if you have changed your bank account details since you last received a payment, please provide a copy of a recent bank statement for the account you would like your payment made to.

If you have received a payment to this bank account from the scheme before, you do not need to provide this.

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.

### **WHAT HAPPENS NEXT**

The Scottish Infected Blood Support Scheme 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 to be made and the date the payment will be sent to you.

### **HELP WITH THIS FORM**

If you require any assistance in completing this form, please contact the Scottish Infected Blood Support Scheme on 0131 275 6754.

FORM H

APPLICATION FOR SUPPORT & ASSISTANCE GRANT  
LIVING COSTS SUPPLEMENT

SECTION 1

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 National Services Scotland obtaining any data held on me by the Eileen Trust, the Macfarlane Trust, MFET Ltd, the Skipton Fund or the Caxton Foundation for the purposes of providing me with financial support.

**I understand** that NHS National Services Scotland 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**

Under the Data Protection Act 1998, we have a duty to protect personal health information. This information is securely held, closely monitored and managed according to strict guidelines. Access to personal information is only given on a strict need to know basis and there are formal authorisation processes in place to gain access to the data.

We only collect essential personal information required to process applications and make payments under the Scottish Infected Blood Support Scheme. This includes:

- a) Your demographic information, marital status, National Insurance number and CHI number (this is a national database of all patients with NHSScotland, which ensures correct identification of patients).
- b) Details of your healthcare providers and the care you have received.
- c) Bank account details.

**SECTION 2** | **APPLICANT DETAILS**

What is your SIBSS reference number?

X	S	B					
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Title

First Name

Middle Name(s)

Surname

Previous Names

Address

Post Code

Home Telephone

Mobile Telephone

E-Mail Address

Date of Birth

What is your marital status?

Tick One Option Below	<input checked="" type="checkbox"/>
Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Single	<input type="checkbox"/>
Living with Partner	<input type="checkbox"/>

**SECTION 3** | **PAYMENT DETAILS**

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

Name(s) of Account Holders(s)

Sort Code    -   -

Account Number