

GUIDANCE NOTES

FORM G

APPLICATION FOR WIDOWS, WIDOWERS, CIVIL PARTNERS
AND LONG-TERM PARTNERS TO RECEIVE REGULAR
PAYMENTS

GUIDANCE NOTES FOR APPLICANTS

If you are the widow, widower, civil partner or long-term partner of a deceased beneficiary who was receiving support from the scheme as a result of an infection they had received, you can use this form to

- Claim any regular payments you are entitled to under the terms of the scheme

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

Further details are available on our website at www.nhsnss.org/SIBSS

HOW TO APPLY

You should complete all sections of this form. You should then return the completed form, along with all requested supporting documents direct to:

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

GUIDANCE NOTES

SUPPORTING DOCUMENTS REQUIRED

Please provide the following documents to support your application:

- A copy of photographic identification for yourself, for example:
 - Driving Licence
 - Passport
 - National Entitlement Card for concessionary travel
- Proof of address for yourself, for example:
 - A copy of a recent bill (e.g. council tax, gas or electricity)
 - A copy of a recent bank statement

If you are sending us a printed internet bank statement or bill, please ensure it contains your address and the print must also include the HTTP address on the page.

- Where applicable, a copy of the Marriage or Civil Partnership Certificate between you and the deceased person this application relates to.
- If you are a long-term partner of the deceased person you should try to provide appropriate evidence to support this. To be considered a long-term partner, your relationship should be equivalent to that of a married couple or a civil partnership. Normally you should have lived with your partner for at least one year prior to their death. Appropriate supporting evidence could include:
 - Proof of joint property purchase, mortgage arrangements or insurance arrangements.
 - Proof of joint bank accounts.
 - Birth certificates of any children you have had with your partner, or proof that you care for your partner's children.
 - Evidence that you were a key beneficiary in your partner's will.
- A copy of the Death Certificate for the deceased beneficiary

WHAT HAPPENS NEXT

The Scottish Infected Blood Support Scheme will review the application and the supporting documents you have provided. If any additional details are required, the scheme will contact you to ask for these. Provided that the information supplied confirms you are eligible to register with the scheme, you will receive a letter from the scheme to confirm this. This letter will also confirm details of any regular payments that you are entitled to receive from the scheme.

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.

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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**

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>	Surname	<input type="text"/>
Previous Names	<input type="text"/>		
Address (this must be your main residence)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Home Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>
E-Mail Address	<input type="text"/>	Date of Birth	<input type="text"/>
NHS Scotland CHI Number (if known)	<input type="text"/>	National Insurance Number	<input type="text"/>

Are you currently registered with the Scottish Infected Blood Support Scheme, or any other UK scheme, due to an infection you received yourself?

Yes No

If 'Yes', please provide details here

SECTION 3 DECEASED PERSON & RELATIONSHIP DETAILS

Please provide details of your deceased husband, wife or civil partner that the application relates to:

Title First Name

Middle Name(s) Surname

Address

Post Code

Date of Birth Date of Death

What was your relationship to the deceased person? (e.g. Married/Civil Partner/Long-Term Partner)

If you were married or in a civil partnership, had you divorced or had your civil partnership to them dissolved at the time of their death?

Yes No

Were you still living with the deceased person at the time of their death?

Yes No

If you were the long-term partner (not married or in a civil partnership) of the deceased person at the time of their death, had you lived together for at least one year prior to their death?

Yes No

If you were the long-term partner (not married or in a civil partnership) of the deceased person at the time of their death, was this an exclusive and committed relationship, comparable to a marriage or civil partnership?

Yes No

If you answered No to either of the two questions above, please provide further information below to explain why you feel you qualify as having been in a long-term cohabiting relationship with your partner:

Have you since remarried, or entered into a civil partnership or new long-term relationship with someone else?

Yes No

SECTION 4 PAYMENT DETAILS

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

Name(s) of Account Holders(s)

Sort Code - -

Account Number

SECTION 5 MEDICAL PROFESSIONAL'S DETAILS

The information in this section is only required if the deceased beneficiary had a Hepatitis C infection and was not receiving Advanced Hepatitis C or HIV payments from the scheme.

The scheme will use this information to confirm whether the Hepatitis C infection directly contributed to the deceased person's death.

Please provide details of any clinical specialist(s) who treated the deceased person for their Hepatitis C infection or has access to their medical records in relation to their infection. This should normally be a hepatologist or infectious diseases consultant, but could be a GP if no specialist has relevant records available to provide a view.

Please make every effort to obtain as much as you can in terms of relevant medical records. A death certificate alone may not be enough evidence for the specialist to make a clinical judgement on this matter. Older death certificates may not consistently record the underlying cause of death or significant diseases which contributed to the death.

Title First Name

Middle Name(s) Surname

Hospital/Surgery
Address

Post Code

Telephone E-Mail Address

PRIVATE AND CONFIDENTIAL

You only need to provide details of one specialist, but can provide additional contact details if relevant:

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>	Surname	<input type="text"/>
Hospital/Surgery Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Telephone	<input type="text"/>	E-Mail Address	<input type="text"/>