Application for support & assistance grant one-off grants up to £1,000

Form J

# 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 a **One-Off Grant(s)** from the scheme. If you wish to apply for a grant of over £1,000 please use the separate form for those grants, which is available on the SIBSS website.

One-Off Grants aim to provide support to beneficiaries through contributing to the cost of essential items or services. The grants will normally only be available to cover costs of items or services which are needed, at least indirectly, as a result of the impacts of a beneficiary’s Hepatitis C or HIV infection.

Grants are also available to help with the transition following an infected beneficiary’s death. Such grants are available to widows, widowers, long-term partners, or children under 21 years old who are in full-time education where their spouse, partner or parent has died.

Examples of grants available from the scheme are:

* Mobility aids
* Health-related home repairs or adaptations to the home
* Other support or care to help a person to remain in their own home
* Vehicle repairs or adaptations if a car is essential, for example to get to hospital
* Education or training courses
* Respite breaks and respite care due to treatment complications
* Counselling or psychological support (if you wish to arrange your own support, rather than use the Scottish Infected Blood Psychology Service)
* Replacing income during time off work for Hepatitis C treatment

Further details are available on our website at [www.nss.nhs.scot/browse/patient-support-schemes](http://www.nss.nhs.scot/browse/patient-support-schemes).

In order to apply, you will need to first check if your local authority, NHS or other public body support is available to support what you need and they can also help with advice on things like home adaptations or what types of care support you need. In some cases they may only provide a contribution or some of the support you need. In that case, the scheme may be able to supplement that support.

We assess all applications on a case-by-case basis. There is no means testing for any grants up to £1,000 so you do not need to provide any income details..

## How to apply

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

Scottish Infected Blood Support Scheme

Practitioner Services

Gyle Square

1 South Gyle Crescent

Edinburgh EH12 9EB

## Supporting documents required

To allow us to assess your application, we require you to provide the following documentation:

* Quotes for the work, items or services that you would purchase with the grant.

Two quotes should be provided where possible, unless there is only one suitable provider (if so, please let us know the reasons for this). Links to, or screenshots of, web pages can be used to show the cost of an item or service.

* For health-related applications (e.g. mobility aids, respite care, home or vehicle adaptations, etc.) please include a letter from a registered health professional, such as a doctor or occupational therapist, confirming why the grant would be beneficial for you.

## 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 payments to be made and the date the payments will be sent to you.

## Help with this form

If you require any assistance in completing this form or with gathering the supplementing information requested above, 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 subject to court proceedings.

**I understand** the NHS may obtain any data held on me by the Skipton Fund, the Caxton Foundation or any other current UK support scheme for the purposes of providing me with financial support.

**I understand** the NHS 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 2018, 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:

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

# Section 2 Applicant details

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is your SIBSS reference number? | | | | **X** | **S** | **B** | |  |  |  |  |  |
|  | | | | | | | | | | | | |
| Title |  |  | First Name | | | |  | | | | | |
|  |  |  |  | | | |  | | | | | |
| Middle Name(s) |  |  | Surname | | | |  | | | | | |
|  |  |  |  | | | |  | | | | | |
| Previous Names |  | | | | | | | | | | | |
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| Address |  | | | | | | | | | | | |
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|  |  |  | Post Code | | | |  | | | | | |
|  |  |  |  | | | |  | | | | | |
| Home Telephone |  |  | Mobile Telephone | | | |  | | | | | |
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| E-Mail Address |  |  | Date of Birth | | | |  | | | | | |
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# Section 3 Details of the grant being requested

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| --- | --- |
| How much is the grant that you are requesting? (Note – if you are seeking counselling or psychotherapy, you do not need to provide a full cost, but if possible include a cost per session or per hour of any counsellor or psychotherapist you have been in touch with. If you have not identified a counsellor yet, leave this section blank; SIBSS can help you find someone who is accredited with COSCA) | **£** |
| Please provide information on how you would spend this grant and how it would benefit you or why you need it: | |
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| --- | --- | --- | --- | --- | --- |
| Have you applied to anyone else for this support?  (e.g. local authority, NHS Board, housing association, student funding bodies, Motability scheme, charitable organisations, etc.) | |  |  |  |  |
|  |  |  |  |
| Yes |  | No |  |
|  |  | | | | | |
| If ‘Yes’, please provide details of any applications you have made and the outcome of these | | | | | | |
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# Section 4 Payment details

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name(s) of Account Holders(s) |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| Sort Code |  |  | **–** |  |  | **–** |  |  |
|  |  |  |  |  |  |  |  |  |
| Account Number |  |  |  |  |  |  |  |  |