

England Infected Blood Support Scheme (EIBSS) Contact preferences and change of details form

Section 1a - Your details

Please state your EIBSS reference number:

Please provide the following information, as **currently** held by the Scheme:

First name:	Address (including post code):					
Last name:						
Date of birth:						
	Postcode					

Section 1b - If you have applied on behalf of an estate

Please provide the following information about the deceased:

First name:	Last name:
Date of birth:	

Section 2 - Change of name

If you want to tell us that you have changed your name, please provide your new name here:

Title:	First name:			
Last name:	Reason for name change:			

Please send a copy of an official document to confirm the name change when returning this form

Section 3 - Change of address

If you want to tell us that you have changed address, please complete this section. New address (including post code):

Postcode		
Is this your: home address correspondence address	both	
	EIBSS - Change of details/contact preferences (V5) 07.2023	1

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)
	Postcode
Please let us know if you need your letter in	n a specific format:
If your telephone number(s) are also chang	ging, please tell us your new number(s) here:
Home telephone number:	Mobile telephone number:
If your email address is changing, please te	ell us your new email address here:
Email:	
Section 4 - Change of bank details noti	
If you want to tell us about a change to yo	our bank details, please complete this section
Please confirm the bank details we current	ly hold for you:
Name(s) of account holder(s)	Bank/building society name:
Sort code:	Account number
Building society roll number:	
Please give the new bank details you would	d like us to make navments to now:
Name(s) of account holder(s):	Sort code/SWIFT BIC:
Account number:	Building society roll number:
If your new bank details are for an oversea	as account, please provide the following details:
Name(s) of account holder(s):	Bank name:
SWIFT BIC/Sort code:	Bank address:

Account number/IBAN:

Postcode

Section 5 - 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 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 6 - Authorising a representative

If you would like someone such as a close relative or carer to act on your behalf when liaising with the Scheme about any applications or payments for you, please provide their details below.

If you do not wish to appoint a representative, please move to the next section.

By providing details of a representative you also consent to us discussing your applications and payments with them directly and are authorising them to act on your behalf.

You will still have to authorise any new applications made to the Scheme in your name and can withdraw your consent at any time by contacting us.

Title:	First name:
Last name:	What is their relationship to you?:

I consent to the person named above acting on my behalf

I have provided evidence of a valid Power of Attorney in the beneficiary's name

We will ask you to supply relevant supporting evidence if you are applying on behalf of a recipient. 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 at *eibss@nhsbsa.nhs.uk* or on 0300 330 1294, or you can write to us at FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

Section 7 - Signature of beneficiary

Please sign below to confirm that you request the England Infected Blood Support Scheme to update the details we hold for you as stated above:

Name:							
Signatu	re of	bene	ficia	ry:			
Date:							
	/		/				

If the beneficiary is unable to sign themselves due to serious illness or disability, please get in touch with us directly if you wish to act on their behalf – we might need to do some verification checks before we update our records.

Send the completed form to: FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

You can change your details and/or preferences at any time by sending this form to: FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

England Infected Blood Support Scheme Privacy notice

The NHS Business Services Authority (NHSBSA) will process the information supplied by the charities who previously provided the service for the purposes of administering payments under the England Infected Blood Support Scheme (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:

Head of Internal Governance 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/