BLIND VETERANS UK

St Dunstan's since 1915

Office Use only	

Initial Application for Blind Veterans UK or the Diana Gubbay Trust

Surname:		**First Name(s):**	
Full Address:		**Preferred name:**	
		Previous surname(s):	
Post code:		**Date of Birth:**	
Telephone no:		**Place of Birth:**	
Mobile no:			
Email address:			

Service Details			
Service/ Corps/ Regiment:		**Date Enlisted:**	
Rank at discharge:		**Date of Discharge:**	
Service No:			

In order to assess if you meet Blind Veterans UK's sight loss criteria, we will request up to date ophthalmic information from your hospital and/or optician. **If you have not had your eyes tested within the last year then please have an eye test before submitting your application to Blind Veterans UK.**

Eye Hospital Details			
Date of last eye test at hospital:			
Name of Hospital:			
Address:			
Name of Consultant:		**Patient No:**	

Opticians Details	
Date of last eye test at opticians:	
Name of Opticians:	
Address:	

Registered Sight Impaired (partially sighted) **YES / NO**
Registered Severely Sight Impaired (blind) **YES / NO**

If you have a full copy of your Certificate of Visual Impairment (CVI) please provide it with this form.

Are you in receipt of a War Pension for sight loss?: **YES / NO**

If yes, please give your <u>National Insurance Number:</u>

Details of any medical conditions:

Do you have a formal diagnosis of dementia: **YES / NO**

Who suggested you should apply to Blind Veterans UK?
(i.e. Social Services, Blind Association, friend, radio, medical consultant?)

Fair Processing Notice. Blind Veterans UK, as a data Controller, will use the data you provide for the purposes of processing your application and establishing your eligibility for membership. We will do so on the basis of our legitimate interest in ascertaining your eligibility for membership in terms of your military service and health eligibility (for example, visual impairment). The health information is necessary for the purpose of providing and managing appropriate health and social care for you. We will only share this information with appropriate staff, the relevant military service records office and your eye specialist(s) for the stated purpose.

For further details on how we process your data, its retention and to understand your rights, please refer to our detailed Privacy Policy ('Member and Tenants' version) on our website: www.blindveterans.org.uk/about-us/privacy-policy. If you'd like to change your preferences, enquire, or discuss how we process your information, please contact the Membership Department in the first instance on 0800 389 7979 or use the 'Contact Us' details in the Privacy Policy.

I declare that to the best of my knowledge and belief, the answers to the questions contained in this form are correct.

Date: **Signature:**

NB: If someone is signing the form on your behalf they must hold Power of Attorney and include a copy of the PoA documentation. Electronic signatures or verbal consent are not accepted.

When completed, please return this form to: Freepost RTLC-CLUG-GCXU, Membership Department, Blind Veterans UK, 12-14 Harcourt Street, London W1H 4HD

If you do not wish to proceed with this application please inform the Membership Office using the enclosed envelope or phone us on FREEPHONE 0800 389 7979.