



BLIND VETERANS UK

St Dunstan's since 1915

Office Use only:

Initial Application for the Benefits of Blind Veterans UK Or the Diana Gubbay Trust for the Blind

Surname:		First Name(s):	
Full Address:		Marital Status:	
		Maiden name:	
		National Insurance No:	
Post code:		Date of Birth:	
Telephone no:		Place of Birth:	
Mobile no:			
Email address:			

Service Details:

Service/ Corps/ Regiment:		Date Enlisted:	
Service No:		Date of Discharge:	
Rank at discharge:		Reason for discharge:	
Where served:			

PoW: YES/NO

Far East / Europe (delete as appropriate)

Eye Hospital Details

Date of last eye test at hospital:			
Name of Hospital:			
Address:			
Name of Consultant:		Patient No:	
Registered Sight Impaired:	YES / NO	Date:	
Registered Severely Sight Impaired (Blind):	YES / NO	Date:	

Opticians Details

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

Depending on your ophthalmologist's report you may be invited to a short consultation with Blind Veterans UK consultant in London. Please indicate if you would be willing and able to attend.
Note that Blind Veterans UK will cover the cost and can arrange travel for both you and your escort. Lunch will be provided.

YES / NO

Are you in receipt of a War Pension?:

YES / NO

Is your War Pension for sight loss?:

YES / NO

Have you had an application for a War Pension rejected?

YES / NO

General Practitioner Details

**Name of
Doctor:**

**Surgery
Address:**

**Telephone
No:**

Details of any medical conditions:

Who suggested you should apply to Blind Veterans UK?

(i.e. Social Services, Blind Association, friend, radio, medical consultant?)

How can Blind Veterans UK help you?

e.g. training, respite, holiday, advice, companionship

I declare that to the best of my knowledge and belief, the answers to the questions contained in this form are correct. I authorise the Ministry of Defence to disclose information from my personal file to Blind Veterans UK and that my G.P, Hospital Consultant, DSS and any other agency may make records available, in confidence.

DATA PROTECTION STATEMENT: Blind Veterans UK will maintain a record of your personal details on a computer database and keep personal files in a secure environment. These details will be available to the appropriate staff at Blind Veterans UK under strict control. Under the Data Protection Act you have the right of access to your personal data. (If you would like more information on how Blind Veterans UK complies with the Data Protection Act please request the Blind Veterans UK Data Protection Policy statement.)

Date:

Signature:

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

NB: If you hold Power of Attorney for the applicant and are signing on their behalf, please include a copy of the PoA documentation.