



# BLIND VETERANS UK

St Dunstan's since 1915

Office Use only: WEBSITE

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

<b>Surname:</b>		<b>First Name(s):</b>	
<b>Full Address:</b>		<b>Preferred name:</b>	
		<b>Marital Status:</b>	
		<b>Maiden name:</b>	
<b>Post code:</b>		<b>Date of Birth:</b>	
<b>Telephone no:</b>		<b>Place of Birth:</b>	
<b>Mobile no:</b>			
<b>Email address:</b>			

<b>Service Details:</b>			
<b>Service/ Corps/ Regiment:</b>		<b>Date Enlisted:</b>	
<b>Service No:</b>		<b>Date of Discharge:</b>	
<b>Rank at discharge:</b>		<b>Reason for discharge:</b>	
<b>Where served:</b>			
<b>PoW: YES/NO</b>	<b>Far East / Europe (delete as appropriate)</b>		

### Eye Hospital Details

Date of last eye test at hospital:

Name of Hospital:

Address:

Name of Consultant:

Patient No:

Registered Sight Impaired (Partially Sighted):

YES / NO

Date:

Registered Severely Sight Impaired (Blind):

YES / NO

Date:

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

### 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**

**National Insurance Number:**

**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 Blind Veterans UK to store and process information about me, and to share and receive information with other organisations for the purpose of processing my application and providing me with a service.

**DATA PROTECTION STATEMENT:** Blind Veterans UK are committed to ensuring that your information is used appropriately. We will use your information for the purpose of providing you with a services. We may share your information with other partners, statutory authorities and other carefully selected organisations. We will take appropriate steps to ensure your information is secure, and we will only make it available to those who have a right to see it. You have the right to access the information we hold about you. You can request this, seek further information or guidance, or make a complaint by writing to the Data Protection Officer, Blind Veterans UK, 12-14 Harcourt Street, London, W1H 4HD, or by email to [dpo@blindveterans.org.uk](mailto:dpo@blindveterans.org.uk)

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.**