



BLIND VETERANS UK

St Dunstan's since 1915

Office Use only	
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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) and/or service enrollment or discharge documents, please provide it with this form.

Are you in receipt of a War Pension for sight loss?

YES / NO

If yes, please give your National Insurance Number:

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 personal data you agree to provide to process your application and decide whether you are eligible to become a beneficiary of the charity. We will make this decision based on your military service and health information (for example, your visual impairment). We need information about your health to provide and manage appropriate health and social care for you if you become a beneficiary.

By consenting to share your information, you allow us to legally process your personal and health data for the purposes of this application. We will only share this data with appropriate staff, the relevant military service records office and your eye specialist(s) for the reasons mentioned above. For further details on how we process and retain your data, and to understand your rights, please see our detailed privacy policy (beneficiaries and tenants version).

If you'd like to ask us any questions or discuss how we process your information regarding your application, please call us 0800 389 7979, email membership@blindveterans.org.uk or use the contact us details in the beneficiaries and tenants version of our privacy policy.

I declare that, to the best of my knowledge and belief, the details I have given on this form are correct.

Date:

Signature:

NB: If someone is signing the form on your behalf, they must hold a health and welfare Power of Attorney and include a copy of the documentation.

Electronic signatures or verbal consent are not accepted.

Please email your completed form to membership@blindveterans.org.uk or Freepost RTLC-CLUG-GCXU, Membership, Blind Veterans UK, 12-14 Harcourt Street, London W1H 4HD

If you do not wish to proceed with this application, please inform the Membership team by email or phone us on FREEPHONE 0800 389 7979.