**Expression of interest in providing evidence to the**

**Infected Blood Inquiry**

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| **1. Your full name (if you are responding as a family member of someone infected please also give their name):** |
| **2. Your contact details:****Address:****Email:** **Phone:****Your preferred way for the Inquiry to contact you:** |
| **3. Contact details of your lawyer (if you have one):***You will not require a lawyer to provide evidence to the Inquiry* **Name:****Address:****Email:** **Phone:** |
| **4. Summary of your evidence:*** **When and where were you or your family member infected?**
* **How were you or your family member infected?**
* **Please tell us whether you or your family member receive(d) any financial support and if so the name of the Trust or Scheme. Please also tell us if you or your family member applied for support and were refused.**
* **If you have documents that you wish to provide as evidence, such as medical records, please indicate the type of documents and the number of pages.** *Please do not submit any documents at this stage.*
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| **5. Providing your evidence:** * **Would you be willing to provide a written statement to the Inquiry? Are there aspects of your evidence that you would want to remain private?**
* **Some people who have provided a written statement will be asked to give evidence at a public hearing. Would you be interested in giving evidence at a public hearing *(the Inquiry will pay reasonable expenses of attending a hearing to give evidence)*?**
* **The Inquiry is considering how people who do not want to provide a written statement could give their evidence: for instance by sharing their experience with a trained professional who would submit a report covering a number of people’s experiences. Would you be interested in an approach like this?**

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| **6. Please use this space to provide any additional information.** |

**Your signature:**

**Date:**

**Send completed forms:**

* by email to: witness.support@infectedbloodinquiry.org.uk
* by post to: Infected Blood Inquiry, Fleetbank House, 1st Floor, [2-6 Salisbury](https://maps.google.com/?q=2-6+Salisbury++Square,+London,+EC4Y+8AE&entry=gmail&source=g)  [Square, London, EC4Y 8AE](https://maps.google.com/?q=2-6+Salisbury++Square,+London,+EC4Y+8AE&entry=gmail&source=g)

Please only send the completed form. Other documents will not be considered.

**For more information you can:**

* leave a message to speak to a member of the witness support team on: freephone 0808 169 1377
* write to us at: Infected Blood Inquiry, Fleetbank House, 1st Floor, [2-6 Salisbury](https://maps.google.com/?q=2-6+Salisbury++Square,+London,+EC4Y+8AE&entry=gmail&source=g)  [Square, London, EC4Y 8AE](https://maps.google.com/?q=2-6+Salisbury++Square,+London,+EC4Y+8AE&entry=gmail&source=g)
* email the witness support team at: witness.support@infectedbloodinquiry.org.uk
* look at our website at: [www.infectedbloodinquiry.org.uk](http://www.infectedbloodinquiry.org.uk)

**For general enquiries:**

* email us at: contact@infectedbloodinquiry.org.uk