

'Having my say' - Joining with the Haemophilia Society for the Infected Blood Inquiry

Note: There is no need to complete this form if you have already completed an 'Expression of Interest' form from the Society.

1. Your full name:

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2. If you are replying on behalf of a family member who was infected, including those who are deceased, please give their full name:

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3. Your Address:

.....

.....

Town:

Post Code:

Email:

Phone:

Your preferred way for the Inquiry to contact you:

Post

E-Mail

Phone

4. Some basic information:

- When and where do you think you or your family member were infected?

- Please describe briefly how has the infection affected you or your family member? (e.g. long term health problems, employment problems etc)?

5. Providing your evidence:

- Would you be willing to provide a written statement to the Inquiry?

Yes

No

- Would you be interested in giving evidence at a public hearing?

Yes

No

- Would you want any evidence you provide to be kept private?

Yes

No

- Do you have any documentary evidence to share with the Inquiry?

Yes

No

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

Continue on separate sheet in needed.

Your signature:

Date:.....

