

Welcome to Blind Veterans UK. Here, we explain what we do and how you can apply for support from our charity.

What we do

We help blind ex-Service personnel of every generation to rebuild their lives, regardless of how or when they lost their sight. Since 1915, we've provided rehabilitation, training, practical advice and emotional support to thousands of vision-impaired veterans. We also support those with a vision impairment who served in the emergency services – police, fire brigade and ambulance – but only if they were blinded on duty.

You can find out more about the work we do on our website. You can also apply for support using our online application form. If you'd prefer to apply by post, you can find all the information you need and the application form below.

Applying for support by post

To apply for support, fill out the application form below and make sure you sign and date it. Send the completed form (and any additional documents, as explained below) to:

Freepost Plus RTKS-ZCXS-HSBT Blind Veterans UK 126 Fairlie Road Slough SI 1 4PY

You can also scan and email the completed form and additional documents to membership@blindveterans.org.uk.

Additional documents to include

We need the following documents to confirm your service record and assess whether you meet our sight loss criteria:

- service enrollment and/or discharge papers
- eye test report
- certificate of vision impairment (CVI), if you have one

Service documents

If you still have your service enrolment and/or discharge documents, please include full copies of them with your application. If you do not have access to your service papers, we can request copies from the Ministry of Defence on your behalf once we receive your completed application form.



Eye test report

We need up-to-date ophthalmic information from your eye hospital or optician to assess whether you meet Blind Veterans UK's sight loss criteria.

If you have copy of a report from an eye test carried out within the last 12 months, please include it with your form. If you do not have a copy of your report, we can request it on your behalf from your optician or eye hospital. If you have not had your eyes tested within the last year, please have an eye test before submitting your application form.

Certificate of vision impairment

If you are registered sight impaired (partially sighted) or severely sight impaired (blind) and you have a certificate of vision impairment (CVI), please include a full copy of it with your application. If you don't have access to your CVI or you can't make a copy of it, we can request a copy on your behalf from your optician or eye hospital.

If you are applying on behalf of someone else

You can fill out the form for someone else, but they must sign it themselves.

You can sign on behalf of someone else **only if you hold health and welfare power of attorney for the applicant**. This is where you have the authority to act for another person in specified health and welfare decisions.

If you are signing on behalf of the applicant, please include a copy of the power of attorney documentation with the application form. **Verbal consent is not accepted**.

If you need help

If you need help completing the application form or have any questions about applying for support, please call us on **0800 389 7979** or email membership@blindveterans.org.uk.

If you are unable to print this form, call or email us and we will send you a form in the post.

You can find more about the application process and what happens after you apply on our website <u>blindveterans.org.uk/nextsteps</u>.



Application for Blind Veterans UK

1. About you
Are you applying on behalf of someone else? Yes / No (circle)
If yes, please provide your details in case we need to get in touch with you about this application. If no, please move on to section 2.
Title
First name
Last name
Telephone number
Mobile number
Email address
2. Applicant's personal details
Title
First name
Last name
Preferred name
Previous last name
Date of birth / / DD/MM/YYYY
Place of birth

3. Applicant's contact details			
Telephone number			
Mobile number			
Email address			
4. Applicant's address			
Address line 1			
Address line 2			
Town/city			
Postcode			
F. Compiles details			
 5. Service details Please submit your service details below so we can confirm your service record with the Ministry of Defence. Service/corps/regiment 			
ate enlisted / / DD/MM/YYYY			
Rank at discharge			
Date of discharge / DD/MM/YYYY			
Service number			

To assess whether you meet Blind Veterans UK's sight loss criteria, we will request up-to-date ophthalmic information from your eye hospital or optician. If you have not had your eyes tested within the last year, then please have an eye test before submitting your application. Please submit the details of either your eye hospital or optician below, depending on where you most recently had an eye test.

6. Eye hospital details	
Date of last eye test / /	DD/MM/YYYY
Name of hospital	
Address	
Name of consultant	
NHS/patient number	
7. Optician details	
Date of last eye test / /	DD/MM/YYYY
Was this a home visit? Yes / No (circle)	
Name of optician	
Address	
8. Sight loss details	
Are you registered sight impaired (partially sighted)? Yes	/ No (circle)
Are you registered severely sight impaired (blind)? Yes	/ No (circle)

If you have copies of a recent eye test report, your certificate of vision impairment (CVI) and your service enrollment and/or discharge documents, please include them with this form.

9. Additional details					
Do you receive a war pension for sight loss?	Yes	/	No	(circle)	
If yes, please provide your National Insurance number	er				_
How did you hear about Blind Veterans UK?					_

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 vision impairment). We need information about your health to provide and manage appropriate health and social care for you if you become a beneficiary.

By signing this form, you consent to Blind Veterans UK sharing your information and legally processing 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 on 0800 389 7979, email membership@blindveterans.org.uk or use the contact us details in the beneficiaries and tenants version of our privacy policy blindveterans.org.uk/policies/privacy-policy-beneficiaries-and-tenants/

10. Confirmation
I declare that, to the best of my knowledge and belief, the details I have given on this form are correct.
Today's date / DD/MM/YYYY
Signature
You can only sign this form on behalf of someone else if you hold health and welfare power of attorney for the applicant. If you do not hold power of attorney, the applicant

must sign the form themselves.