



1) Are you applying as Infected or Affected : **INFECTED/AFFECTED** (Please circle/delete)

2) If affected please confirm the name of the infected primary victim and your relationship to the primary victim:

Name of victim :

Relationship:

Please confirm how you or your family member were infected i.e. as a haemophiliac or via a transfusion together with any other brief information that you have regarding you/your family member's infection (date and location of treatment/treatments) and/or how you were affected as a result of your family member's infection.

I confirm that I wish to instruct Thompsons Solicitors and their legal team to represent me at the Infected Blood Inquiry

I confirm that I wish to apply to be a core participant at the Infected Blood Inquiry.

I confirm that I wish to give a witness statement to the Infected Blood Inquiry.

I confirm that I wish Thompsons Solicitors to apply on my behalf for funding for legal representation at the Infected Blood Inquiry.

YOUR FULL NAME:

YOUR E-MAIL:

YOUR ADDRESS :
POSTCODE:

YOUR MOBILE NUMBER:

Signed _____ Dated _____