

**HEPATITIS C AND HIV COMPENSATION  
TRIBUNAL**

**APPLICATION FORM FOR COMPENSATION**

**FORM 1**

**Statutory Basis of Claim**

**This application (Form 1) is to be used for claims under the following Sections of the Hepatitis C Compensation Tribunal Act, 1997 as amended.**

**Please indicate under which of the following section(s) you wish to make your claim.**

- (1) a person who has been diagnosed positive for Hepatitis C resulting from the use of Human Immunoglobulin Anti-D within the State.   
(Section 4. 1. a of the Act);
- (2) a person who has been diagnosed positive for Hepatitis C as a result of receiving a blood transfusion or blood product within the State.   
(Section 4. 1. b of the Act);
- (3) A child or a spouse of a person referred to in paragraph 1 or 2 who have themselves been diagnosed positive for Hepatitis C.   
(Section 4. 1. c of the Act);
- (4) a person who has been diagnosed positive for HIV as a result of receiving a relevant blood product within the State.   
(Section 4. 1. f of the Act);
- (5) a child or a spouse of a person referred to in paragraph (4) who have themselves been diagnosed positive for HIV.   
(Section 4. 1. g of the Act).

**Please note that a ‘spouse’ includes a person who at a material time is or was cohabiting with a person referred to in paragraph 1, 2 and 4.**

**NB. If application is on behalf of a child the form should be completed by the parent(s) or guardian(s) of the child.**

**A. Details of Applicant (For the purpose of this section an applicant includes a child on whose behalf the form is being completed by a parent or guardian)**

1. Surname \_\_\_\_\_

2. First Name(s) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_  
                                    day                      month                      year

4. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Occupation \_\_\_\_\_

**B. Details of parent or guardian making an application on behalf of a child**

6. Surname \_\_\_\_\_

7. First Name(s) \_\_\_\_\_

8. Date of Birth \_\_\_\_\_  
                                    day                      month                      year

9. **Permanent Address** \_\_\_\_\_

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10. (a) **In respect of A or B above has a claim previously been made to the Tribunal.**

**Yes/No**

**If Yes give details**

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(b) **Did you receive a payment under the 1991 settlement and if yes provide details.**

**Yes/No**

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**C. Basis for Application**

11. (a) **Indicate for which (or both) of the following you have been diagnosed.**

**Hepatitis C**

**HIV**

**(b) Date(s) of diagnosis/diagnoses**

**Hepatitis C**

**HIV**

\_\_\_\_\_

\_\_\_\_\_

**(c) Please state the name and address of the Institution or Doctor making the diagnosis in respect of**

**(a) Hepatitis C**

\_\_\_\_\_

**(b) HIV**

\_\_\_\_\_

**12. (a) Did you receive Human Immunoglobulin-Anti-D within the State?**

**Yes/No**

**(b) Did you receive a blood transfusion within the State?**

**Yes/No**

**(c) Did you receive a blood component / product within the State?**

**Yes/No**

**D. Particulars of any Earnings Lost**

**13. Have you lost earnings as a result of contracting Hepatitis C / HIV**

**Yes/No**

**14. If Yes please give an outline of any loss of earnings you have suffered as a result of contracting Hepatitis C / HIV and if this loss is likely to continue.**

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**15. Please outline any out of pocket expenses being claimed. (Exclude any expenses which may have been met by payments received under The Irish Blood Transfusion Service (IBTS) ex-gratia expenses scheme)**

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**E. Any further relevant matters**

**16. Have civil proceedings been taken or are such proceedings pending or contemplated?**

**Yes/No**

**If Yes, please give details** \_\_\_\_\_

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**17. Please state any other relevant matters you wish to bring to the attention of the Tribunal.**

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18. Please indicate whether you are:

(a) applying to the Tribunal to have aggravated or exemplary damages assessed by it.

**OR**

(b) applying to have an amount (which shall be 20% of the total amount of the award or settlement paid to you) paid out of the Reparation Fund in accordance with Section 11 of the Hepatitis C Compensation Tribunal Act 1997, as amended.

19. Please indicate whether you are seeking a Single Lump Sum Award or a Provisional Award

**Single Lump Sum Award**

**Provisional Award**

Please see Section 4.14 of the Hepatitis C Compensation Tribunal Acts, 1997 and 2002 for time limits within which one may apply.

**CERTIFICATE OF AUTHORITY**

- (a) **I declare that all the information given in this form is true and complete to the best of my knowledge and belief. I undertake to notify the Tribunal of any change of circumstances which may affect the Tribunal's decision as to my entitlement to or the assessment of compensation.**
  
- (b) **I agree to give the Tribunal all reasonable assistance, which they may require, whether in relation to any medical reports or otherwise.**
  
- (c) **I authorise:**
  - (i) **The Doctor(s) [General Practitioner(s) and Consultant(s)] and the hospital(s) I attend(ed) to furnish the Tribunal at their request with a report as to my medical condition and treatment;**
  
  - (ii) **The Public Departments from which I receive(d) Benefits, or the Health Board from which I receive(d) free health services, or the Blood Transfusion Service Board from which I received payments under the ex-gratia expenses scheme to give the Tribunal information relevant to my application;**
  
  - (iii) **My employer(s) to give the Tribunal information as to my earnings and any other matters relevant to my application;**
  
  - (iv) **The Voluntary Health Insurance Board to give the Tribunal information in relation to any claim made by me in respect of a medical condition resulting from contracting Hepatitis C/HIV;**
  
  - (v) **My Accountant (if you are self-employed) to give the Tribunal all information in support of my claim for loss of earnings;**
  
  - (vi) **The Revenue Commissioners to give the Tribunal all information in respect of my claim for loss of earnings.**
  
- (d) **I understand that the Tribunal may notify the authorities mentioned above that I have submitted an application and may inform them of the Tribunal's decision.**

**Signature of applicant** \_\_\_\_\_

**Date** \_\_\_\_\_  
                    day                    month                    year

**If application is on behalf of a child, signature should be by the parent or guardian named in the application form.**