

**HEPATITIS C AND HIV COMPENSATION  
TRIBUNAL**

**APPLICATION FORM FOR COMPENSATION**

**FORM 11**

## **Statutory Basis of Claim for Dependants**

**This application (Form 11) is to be used for claims under the following sections of the Hepatitis C Compensation Tribunal Act 1997 as amended by persons who are the:**

- 1) Dependent of a person who:**
  - a) has been diagnosed positive for **Hepatitis C** resulting from the use of Human Immunoglobulin Anti-D within the State;
  - b) has been diagnosed positive for **Hepatitis C** as a result of receiving a blood transfusion or blood product within the State;
  - c) is the child or spouse of a person referred to in paragraphs a) or b) and who have themselves been diagnosed positive for **Hepatitis C**,

**AND** where that **person has died** as a result of having contracted Hepatitis C or where Hepatitis C was a significant contributory factor to the cause of death (Section 4(1)(e) of the Act.)

- 2) Dependant of a person who:**
  - a) has been diagnosed positive for **HIV** as a result of receiving a relevant product within the State;
  - b) is the child or spouse of a person referred to in paragraph a) and who was themselves diagnosed for **HIV**

**AND** where that **person has died** as a result of having contracted HIV or where HIV was a significant contributory factor to the cause of death.  
(Section 4(1)(j) 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 paragraphs 1a, 1b and 2a.

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





17. (a) Please say if the person whose death has given rise to this claim had previously made a claim to the Tribunal, and if so provide details of any awards paid.

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(b) Please say if the person whose death has given rise to this claim received a payment under the 1991 settlement and if so provide details.

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**F. Basis for Application**

18. (a) Did the deceased receive

- |    |  |        |
|----|--|--------|
| 1. | Human Immunoglobulin Anti-D within the State | ?      |
|    |  | Yes/No |
| 2. | Blood Transfusion within the State?          |        |
|    |  | Yes/No |
| 3. | Blood component / product within the State?  |        |
|    |  | Yes/No |

(b) Indicate for which (or both) of the following the deceased was diagnosed.

Hepatitis C	HIV
<input type="checkbox"/>	<input type="checkbox"/>

**(c) Date(s) of Diagnosis / Diagnoses**

**Hepatitis C**

**HIV**

\_\_\_\_\_

\_\_\_\_\_

**19. Please state the name and address of the Institution or Doctor making the diagnosis in respect of**

**(a) Hepatitis C**

\_\_\_\_\_

**(b) HIV**

\_\_\_\_\_

**G. Details of Losses/Expenses**

**20. Please state occupation of the deceased and outline details of losses being claimed by dependants.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**21. 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)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. Any Further Relevant Matters**

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

**Yes/No**

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

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

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**24. Please indicate whether you are:**

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

**Yes/No**

**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.**

**Yes/No**

**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) the deceased attended to furnish the Tribunal at their request with a report as to the deceased's medical condition and treatment;
  - (ii) The Public Departments from which the deceased received benefits, or the Health Board from which the deceased received free health services, or the Blood Transfusion Service Board from which the deceased received payments under the ex-gratia expenses scheme to give the Tribunal information relevant to my application;
  - (iii) The deceased's employer(s) to give the Tribunal information as to the deceased's 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 the deceased in respect of a medical condition resulting from contracting Hepatitis C/HIV;
  - (v) The deceased's Accountant (if the deceased was self-employed) to give the Tribunal all information in support of my claim;
- (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.