



HIV & AIDS:  
help & hope  
for people  
in poverty



**Waverley Care**  
making a positive difference

Waverley Care, 3 Mansfield Place, EDINBURGH. EH3 6NB.

# CRUSAID HARDSHIP FUND IN SCOTLAND

## MANDATE FORM

This mandate form is for the release of confidential information.

I, (name) \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_

(ALWAYS USE BLOCK CAPITALS, UNLESS ASKED FOR A SIGNATURE)

hereby authorise my

Tick a box -  hospital consultant  specialist nurse  general practitioner

**who is (name)**

(Consultant, Nurse and G. P. name ONLY)

\_\_\_\_\_

**address**

(Address of Hospital or G.P. Surgery ONLY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form is only for new applicants; and includes those who (last) applied prior to May 2002.

**to divulge information regarding my HIV antibody status to WAVERLEY CARE, who administer the Crusaid Hardship Fund in Scotland.**

**I understand that this information will be kept in strict confidence.**

**Signed** \_\_\_\_\_

(applicant's signature)

**Date** \_\_\_ / \_\_\_ / \_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY CONSULTANT, NURSE or GP**

I, \_\_\_\_\_ confirm that the person named at

(name of consultant, nurse or GP)

the top of this mandate is my patient and that this person has a HIV positive diagnosis.

Signed \_\_\_\_\_

(signature of consultant, nurse or GP)

Date \_\_\_ / \_\_\_ / \_\_\_\_

**VALIDATE THIS SECTION WITH HOSPITAL / SURGERY STAMP**

**Mandates without a validation stamp will be returned to the consultant, nurse or GP named above**