

**VCJD TRUST**

**Application Form for Interim Payment**

SECTION A – Personal Details

1. Full name of Victim: \_\_\_\_\_

2. Details of Applicant

Full name : \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E mail: \_\_\_\_\_

3. Date of Diagnosis: \_\_\_\_\_

4. Has any payment already been received from the Trust in respect of this Victim?

Yes/No

*If yes, please provide the following details:*

Dates: \_\_\_\_\_

Amounts: \_\_\_\_\_

Recipients: \_\_\_\_\_

5. Details of Victim :

Date of Birth: \_\_\_\_\_

If applicable, date of Death : \_\_\_\_\_

Address : \_\_\_\_\_

Marital Status: Single/unmarried but living with partner/married/widowed/divorced/separated

6. Details of Next of Kin:

Names: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dates of Birth: \_\_\_\_\_

Names: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dates of Birth: \_\_\_\_\_

Names: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dates of Birth: \_\_\_\_\_

7. If the Victim is still living:

(a) is he/she still able to manage their own affairs? Yes/No

(b) has the Court of Protection become involved in dealing with the Victim's affairs?  
Yes/No

(c) has a Trust been set up for his/her benefit? Yes/No

*If so, please give details including the names of trustees and, where appropriate, their relationship to the victim:*

8. (a) Amount requested : £ \_\_\_\_\_

(b) to whom you request payment to be made: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

(c) the purposes for which payment is needed : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does the Victim have any children under the age of 21 (or over the age of 21 and still dependant on him/her?). *If so*, please give details:

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

10. Does the Victim have any debts or is he/she bankrupt? *Yes/No*.

*If yes, please give details:*

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11. Does the intended recipient of the interim payment (as named at 7 above) have any debts or is he/she bankrupt? *Yes/No*

*If yes, please give details:*

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Question 9 and 10 have been asked so that funds can be released in the most beneficial manner for the Victim.

SECTION B – Enclosures

**Please tick which of the following you are enclosing:**

- (i) A letter from the National CJD Surveillance Unit to confirm the probable or confirmed diagnosis and that the Victim has been present in the UK for not less than 5 years between 1982 and 1996.
  
- (ii) Alternatively, signed Authority (see the attached) for us to get this letter from the National CJD Surveillance Unit. The Authority is attached to this Application Form.
  
- (iii) If payment is requested to be made to the Victim, a letter from his/her GP confirming the ability to manage his/her own affairs.
  
- (iv) If the Victim has died, copy Grant of Probate and Will, or Letters of Administration, if available.
  
- (v) Certified copy Enduring Power of Attorney, if one has been signed by the Victim.

Your signature.....

Date.....

**AUTHORITY**

CJD Surveillance Unit  
Western General Hospital  
EDINBURGH

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Patient: spouse/partner/mother/father/child/ .....

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I confirm my authority for you to release information to Messrs Fieldfisher on behalf of the Trustees of the vCJD Main Trust.

For the avoidance of doubt I also confirm my consent to the CJD Surveillance Unit making direct disclosure to the Department of Health in order to confirm the diagnosis of vCJD.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_