

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. 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: _____

4. Details of Victim :

Date of Birth: _____

If applicable, date of Death : _____

Address : _____

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

5. Details of Next of Kin:

Names: _____

Relationship: _____

Dates of Birth: _____

Names: _____

Relationship: _____

Dates of Birth: _____

Names: _____

Relationship: _____

Dates of Birth: _____

6. 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:

7. (a) Amount requested : £ _____

(b) to whom you request payment to be made: _____

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

(d) the purposes for which payment is needed : _____

8. 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 _____

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

If yes, please give details:

10. 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:

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 Charles Russell, Solicitors, 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: _____