



### Notes about requesting early access

The Child Trust Fund is a long-term savings and investment account. It belongs to the child and is opened with a starting payment from the Government.

Generally, money cannot be withdrawn from the account until the child is 18. However we will grant early access to the account if the child is terminally ill, as defined below.

### What we mean by terminally ill

We use the definition provided in section 66(2) of the Social Security Contributions and Benefits Act 1992.

A person is terminally ill if they are suffering from a progressive disease and are not expected to live longer than 6 months.

### Requesting early access to the account

When we receive a request for early access to a Child Trust Fund account, we ask for evidence that the child is terminally ill.

Where a child has been accepted under the Special Rules in Disability Living Allowance no further evidence is needed. However, for some children the Special Rules cannot be applied because they

- are now living abroad, or
- are being looked after in residential care by a local authority, or are long-term hospital patients, or
- already qualify for the highest rate(s) of Disability Living Allowance under the 'normal rules' before they were considered to be terminally ill (so they would not gain anything by making a claim for Special Rules in Disability Living Allowance), or
- are children whose parents do not wish to make a claim for Special Rules in Disability Living Allowance.

When this happens we send this form, CTF1500, to the person who requested early access and ask them to arrange for the child's medical practitioner to complete it.

The child's medical practitioner may, amongst others, be their General Practitioner (GP), a doctor or consultant from the hospital, or a Macmillan nurse.

**This is not a claim form.**

### Notes for the medical practitioner

Some patients may not know the nature of their illness. So when you are asked to complete this form, please do not assume that your patient knows that they are terminally ill.

Your patient may not know that a request for early access has been made.

We need the information asked for here urgently to support the request for early access.

You may use your knowledge and the patient's records to get the information you need. Generally, you will not need to examine the patient.

### What information to give on the form

For all cases, please complete Parts 1 to 5. We need you to give us factual information. We do not expect you to give a prognosis.

We need you to give us enough information to enable another doctor to tell us whether your patient is terminally ill. Please use language that you would normally use when communicating with other doctors.

We are not asking you to decide whether your patient qualifies for early access to their Child Trust Fund account.

If you are a General Practitioner (GP) then you may claim a fee for completing this form. Please give us your details on page 2.

Please send the whole form back to us at

Child Trust Fund Office  
Waterview Park  
Mandarin Way  
Washington  
NE38 8QG

**Fee Claim  
(for GP use only)**

Child's name

Child's date of birth

Please give us details of the account you want your fee to be paid into.

Account details

Name(s) of account holder(s)

  

Account number (usually between 7 and 10 digits)

Sort code

 -  - 

Full name of bank or building society

  

Reference number or roll number, for building society accounts, (if any)

I have completed form CTF1500 for the patient named above, and claim the standard fee.

GP's name (please print)

GP's signature

Date

Surgery stamp

**Make sure you have completed Parts 1 to 5 before sending this form to the Child Trust Fund Office.**

**For official use only**

Name

Ref

U.I.D

This claim has been examined and approved

This claim is not approved

Office stamp

Signature of authorising officer

Date



**Part 1**  
**Child's details**

Child's surname

Child's first name(s)

Child's date of birth

Child's address

Postcode

**Part 2**  
**Medical condition**

Please give us the diagnosis in the space provided below.  
Please include all relevant diagnoses and the date(s) diagnosed

**Part 3**  
**Clinical findings**

Please give us details of any clinical features which indicate that this is a severe progressive condition.

For example: rate of progression, recurrence, staging, tumour markers, CD4 count and viral load, bulbar involvement, respiratory and/or heart failure.

Please turn over

## Part 4 Treatment

Please give us details of all relevant treatment.  
You must include the dates it was administered and the response.  
(If none or palliative, please state.)

Is there any other intervention or treatment planned which may significantly alter progression of the condition?

Yes  No

## Part 5 Declaration

Medical practitioner's name (please print)

Telephone number

Address or FHSA stamp



### Fee claim

If you are the patient's GP please make sure that you claim your fee on page 2

The person named in Part 1 is my patient.



I am the patient's registered General Practitioner.

I am the patient's hospital or hospice consultant.

None of the above apply. I am the patient's

This is a full report of their condition and treatment. I have read and understood the notes on page 1 of this form.

I am satisfied that this form is complete.

Signature of medical practitioner

Date

/ /

**When complete, please send the whole form to the Child Trust Fund office (see page 1 for details)**

For official use only		
<input type="text" value="Name"/>	<input type="text" value="Ref"/>	<input type="text" value="U.I.D"/>