



You need to tell us about the looked after children (in Scotland, looked after and accommodated) who:

- were born on or after 1 September 2002, and
- came into your care for the first time during this month, or
- were looked after on their seventh birthday.

You also need to tell us about any children who were included in an earlier return, but for whom there is no longer an appropriate person with parental responsibility.

This return must reach us by the 17th day of the month.

Please write in capital letters and use black ink.

Further information

If you need help or further information, please refer to the guidance for looked after children on our website at www.hmrc.gov.uk/ctf/la-info.htm

Or phone the Child Trust Fund Office on **0191 224 7073**.

Local authority details

Name of local authority *in full*

Address of local authority

Postcode

Local authority unique identifier

Please give us the following details for the liaison officer. The liaison officer is responsible for making the monthly return. This includes completing and signing the certificate.

Name

Phone number

Fax number

Email address

What to do next

1. Turn to page 2 and give us the names of all the children to be included in this return.
2. Complete form CTF15(Child) for each child. Please number each form, ensuring the number matches the entries made on the checklist (on page 2 of this form).

Make sure your local authority unique identifier is shown on every page. If you are not sure what it is, please refer to the CTF15(Notes).

When you have given the information we ask for on page 2 and have completed a CTF15(Child) for each child, please **complete and sign the certificate below.**

Certificate

This monthly return is for the period to

How many children are included in this return?

If none, enter '0'

How many of these children have no appropriate person with parental responsibility?

If none, enter '0'

How many children on this return were being looked after on their seventh birthday?

If none, enter '0'

I confirm that the information given on this return is correct and complete.

Signature

Date *DD MM YYYY*

Checklist

We will use this list to check that a CTF15(Child) has been received for each child named.

Please make sure that you number each form CTF15(Child) so that it matches the entry on this checklist.
The first name you list here should match the first CTF15(Child) you complete.

Alternative format

You can use the space provided here or let us have a printed list from your records.

Local authority unique identifier

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Please give the child's full name

Child 1
Child 2
Child 3
Child 4
Child 5
Child 6
Child 7
Child 8
Child 9
Child 10

Child 11
Child 12
Child 13
Child 14
Child 15
Child 16
Child 17
Child 18
Child 19
Child 20

If you need more space, please continue on a separate sheet and include your local authority unique identifier at the top of the page.