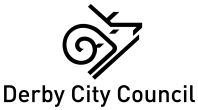
**Text

Description automatically generated  Text

Description automatically generated**

**SEND Personal Budget Request Form**

Please discuss your request with your EHCP Officer before you submit this form.

**If you need help completing this form please contact:**

Derby SENDIASS on 01332 641414 or at [SENDIASS@derby.gov.uk](mailto:SENDIASS@derby.gov.uk)

Your EHCP Officer on 01332 643616 or at [EHCP@derby.gov.uk](mailto:EHCP@derby.gov.uk)

**Section 1 – Child or young person’s details**

|  |  |
| --- | --- |
| **Name of child or young person** |  |
| **Date of birth** |  |
| **Educational setting** |  |

|  |  |
| --- | --- |
| Parents and young people have the right to ask the local authority to prepare a personal budget once the authority has completed an EHC assessment and confirmed that it will prepare an EHCP. A personal budget may also be requested as part of an EHCP statutory review. | |
| **At what point are you applying for a personal budget?** | The local authority is preparing an EHCP  An annual/interim review has taken place |

|  |  |  |
| --- | --- | --- |
| **What are you requesting this budget for?**  **Please list each provision separately – add more rows if required** | | **Amount being requested** |
|  | | **£** |
|  | | **£** |
|  | | **£** |
|  | | **£** |
|  | | **£** |
|  | | **£** |
| Please attach/enclose evidence/quotes supporting the amount requested. You will need to provide more than one quote where possible. If more than one quote is not provided, please outline above why | | |
| **Please indicate which outcomes in the EHCP this budget will support** |  | |
| **Anything else you want to tell us about this request** |  | |

|  |  |
| --- | --- |
| **Name of requestor** |  |
| **Contact telephone number** |  |
| **Email address** |  |
| **Address** |  |
| **Please send this form to your SEND (EHCP) Officer at** [**EHCP@derby.gov.uk**](mailto:EHCP@derby.gov.uk) | |

**Section 2 – TO BE COMPLETED BY THE EHCP OFFICER**

|  |  |
| --- | --- |
| **Recommended budget amount** | £ |
| **Reason for recommendation** |  |

**Section 3 – TO BE COMPLETED BY THE SENIOR OFFICER / BUDGET HOLDER**

|  |  |
| --- | --- |
| **Decision** | Approved in full,  Approved in part,  Refused |
| **If refused – reason(s) for refusal** | The request is not submitted at the time the LA has undertaken a needs assessment and confirmed it will prepare an EHCP  The request is not submitted at the time the EHCP is being reviewed  A personal budget would have an adverse impact on services provided or arranged by the LA for other EHCP plan holders  It would not be an efficient use of LA resources  Request does not meet the outcomes set out in the EHCP  The head of the setting does not approve the request  The provision duplicates existing provision already available |
| **Reason for decision** |  |
| **Budget code** |  |
| **Amount approved** |  |
| **Senior officer name** |  |
| **Signature** |  |
| **Date** |  |
| **This completed form should now be sent to** [**CYPParticipate@derby.gov.uk**](mailto:CYPParticipate@derby.gov.uk) | |