**  **

**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

Your EHCP Officer on 01332 643616 or at 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** |

**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** |