

Request for a Personal Budget for a child or young person with an Education, Health and Care plan.

Child/Young Person's name:	
Child / Young Person's date of birth:	
Child/young person's Address:	
Name of person making the request for a Personal Budget	
Relationship to child/young person:	
Your address (if different to the child/young person's)	
Your contact number:	
Your email address:	

Please identify the provision within the EHC plan you would like a Personal Budget for?

Where would the provision take place? (*eg, school, home, other setting*) please provide details.

How often would the provision/service take place and for how long?

Who would provide the service/provision?

If an organisation or business, please provide the full name and address.

If a friend, relative or professional person(s) would be providing the service/provision, please provide the person(s) name, contact details and job title and role.



If you know the cost of the provision, please provide details.

Does the child/young person have a Personal Budget from the NHS and/or Social Care Services?

If yes, please provide details.

If no, are you applying for a Personal Budget from the NHS and/or Social Care Services?

If the Personal Budget is approved, will you be requesting Direct Payments?

If yes, will you be managing the Direct Payments or will you be nominating another person to manage the payments on your behalf?

Yes /NO

If you will be nominating another person to manage the Direct Payments please provide their full name and address.

Nominee Name:

Nominee Address:

Nominee phone number:

Nominee email address:

If there is any other information you would like to provide in support of your request, please add it here.

Have you discussed this request with the child/young person? Yes No *(please tick)*



If yes, what are their views?

Have you discussed this request with the child/young person's school /setting?

Yes No *(please tick)*

Are you making this request after receiving a draft EHC plan or after an Annual Review of the EHC plan?

Annual Review

Draft plan

(please tick)

Signature of person making the request:

Name in print:

Date: