**Parental/Young Person Requests for Special Educational Needs Personal Budget to achieve educational outcome/s outlined in**

**Education Health Care Plan**

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| Request from (name) |  | | |
| Relationship to child/young person |  | Contact telephone no./email |  |
| Child/Young person’s name |  | Date of Birth |  |
| Child/young person’s address (main) |  | | |
| Current EHCP status | * Draft EHCP following new or re assessment   Or   * Following annual review or Draft amended EHCP   Please date of the annual review:    *(please tick)* | | |
| **If an annual review of the existing EHCP has not taken place as yet, a personal budget request is refused until after an Annual Review/Interim Review has been held** | | | |
| Education setting name |  | | |

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| If the parent/carer is making this request on behalf of the young person who is over 16, do they agree to this request for Personal Budget? Please provide details | | |  | |
| If the young person is 16 and over, we are keen to ensure they are fully involved, please provide contact details if they are different to above? | | |  | |
| Why is a Personal Budget being requested? *(please include what the provision requested is and why you consider this can be delivered differently to meet the child/young person’s needs, as identified and outlined in the EHCP)* | | | | |
| **All requests for Personal Budgets must be linked to achieving the Outcomes agreed in the EHCP. Please write below the Outcome/s for which a Personal Budget is being requested.** | | | | |
| For each Outcome, please state how the Personal Budget would be used to support success, how you will meet the need and how you will monitor success. Include any estimated costs of provision (if known). | | | | |
| Outcome/s listed from the EHCP. | | Proposed Personal Budget Provision and how this will be used to support the outcome | | Cost if known |
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| Local Authority will be required to seek agreement from the Headteacher/Principal of the education setting, we will write to the education setting outlining your request for a personal budget and seek their agreement. | | | | |
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| Have you discussed a Personal Budget with your SEND Case Officer or education setting? | Yes/No *(Please circle)*  Please provide a brief outline of the outcome of your discussion and who this was with. | | | |
| I understand that if I request a Personal Budget to be delivered via a Direct Payment, I will need to set up a separate bank account for this purpose and agree to a PB Agreement between myself and BCP Council. | | | | |
| I understand that in order to process this request BCP Council will need to access my child’s EHC Plan and associated papers and may need to make enquiries of relevant professionals across agencies to obtain information and seek approvals before a budget request can be agreed.  Please see SEND personal budget policy Please see SEND personal budget policy which can be found on [this page of the SEND Local Offer](https://www.fid.bcpcouncil.gov.uk/kb5/poole/fis/advice.page?id=FPOTwzypVX0). | | | | |
| Signature of the requester:  Date: | | | | |
| Please send this request form to [sendbso@bcpcouncil.gov.uk](mailto:sendbso@bcpcouncil.gov.uk) or post to SEN Team, Bournemouth, Christchurch and Poole Council, Dolphin Centre, Poole BH15 1SA | | | | |
| **OFFICE USE ONLY:**  **Date Personal Budget request received:**  **Date the request will be presented to SEND Panel for Local Authority decision:** | | | | |

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