**Personal budget request**

**Child/young person’s name: Date of birth:**

**Please use this form for request/review of a personal budget. Please add lines as needed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Details** (including needs and outcomes to be met) this should correspond with section B and E of the EHC Plan.  | **Arrangements** (include who will deliver the provision, their role/qualifications, location), this should relate to Section F of the EHC Plan. | **Cost (include breakdown/detail)**  | **Personal budget requested?** |
| Education |  |  |  | Yes/No |
| Social Care |  |  |  | Yes/No |
| Health |  |  |  | Yes/No |
| Other (please specify) |  |  |  | Yes/No |

**More information about our SEND Surrey Services and the personal budget policy can be found at the**  [Surrey Local Offer](https://www.surreylocaloffer.org.uk/)

[SEND personal budgets policy | Surrey Local Offer](https://www.surreylocaloffer.org.uk/practitioners/resources/send-personal-budgets-policy)

Contact can be made with the SEN area teams :

**NESEN@surreycc.gov.uk** **;** **NWSEN@surreycc.gov.uk****;** **SESEN@surreycc.gov.uk** **;** **SWSEN@surreycc.gov.uk**