|  |
| --- |
| **Your Name** |
|       |
|  |
| **Date of Birth** |  |
| **Address and postcode** |
|       |
|  |
| **Telephone** |
|       |
| **Email** |
|       |
| **Preferred method of contact** |
| **Telephone** [ ]  **Email** [ ]  |
| **Your Representative’s name (if applicable)** |
|       |
| **Address and postcode** |
|       |
|  |
| **Telephone** |
|       |
| **Email** |
|       |
| **Preferred method of contact** |
| **Telephone** [ ]  **Email** [ ]  |

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| --- | --- | --- | --- | --- |
| **Start Date:** |  | **Liquid Logic No (if known)**  |  |  |

|  |
| --- |
| **Your Personal Budget Details (Care and Support Package)** |
| **Pa standard hours** |  | **Rate:** | **£** | **PA non-standard hours** |  | **Rate:** | **£**  |
|  |
| **PA sleep-ins** |  | **Rate:** | **£**  |  |  | **Rate:** | **£**  |
|  |
| **Agency/Health Care Provider standard hours** |  | **Rate:**  | **£** |
|  |
| **Total Gross Weekly Amount from Local Authority** | **£**  | **Your Client Contribution** | **£**  |
|  |
| **Net Weekly Amount** | **£**  |  |
|  |
| **Other** | **£** | **(please detail)**  |  |

|  |
| --- |
| **Set Up Costs** |
| **Managed Account Fee** | **Payroll Fee** | **Insurance Premium** |
| **£**  |  | **£**  |  | **£**  |  |
|  |
| **Please email completed form to** **colette.salt@kdc.org.uk** |

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| --- |
| **Internal use only** |
| **Account opened date:**  | **Bank Account No** | **Sort Code** |
|  |  | **23-75-24** |