|  |  |
| --- | --- |
| **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** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**](mailto:colette.salt@kdc.org.uk) | | | | | |

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