



**This page will be completed with your assessor**

Notional budget equipment prescribed  
 .....

Initial indication of budget value  
 .....

| <b>Personal Wheelchair Budget Choice: (tick)</b> |   |                                   |              |
|--|---|-----------------------------------|--------------|
| Notional – NHS provision                         | Notional – Alternative wheelchair in NHS range* | Notional ‘Top up’ for accessories | Third Party* |
|  | State alternative being considered              | List items                        |              |

\*If you choose an alternative NHS wheelchair or a ‘third party’ the actual budget will need to be calculated and further information will be given to you about these options if chosen. See the information sheet.

**Personal Wheelchair Budget decision completed by:**

|  |  |
|--|--|
| Client signature                       |  |
| Signature of representative for client |  |
| Printed name                           |  |
| Relationship to client                 |  |
| Wheelchair Service clinician name      | Occupational Therapist /<br>Physiotherapist / Engineer |