PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

**[Insert name and address of local authority]**

**[Insert date]**

**- REQUEST FOR REVIEW OF DECISION TO REFUSE DIRECT PAYMENTS -**

Dear Sirs

**INSERT NAME OF CHILD OR YOUNG PERSON AND DOB**

**INSERT ADDRESS**

I am writing as the parent of **[insert name of child or young person]** to formally request a review of the decision not to award direct payments pursuant to my rights under Regulation 7 of the Special Educational Needs and Disability (Personal Budget) Regulations 2014.

This letter sets out the representations which I wish for the local authority to consider when reviewing its decision.

**[Set out here any representations which you wish to be considered. You should look to address each of the reasons the local authority gave for refusing the direct payments and provide supporting evidence where possible].**

Please confirm the outcome of the review in writing, giving reasons within 14 days

I look forward to hearing from you.

Yours faithfully

**[insert name]**