**EGL Purchase Application Form**

If you wish to use your EGL personal budget to purchase something, and you are unsure if it meets the criteria of the EGL Purchasing Guidelines, then please complete this form and forward it to your Flexible Disability Support provider or Manawanui Coach. The EGL Christchurch Purchasing Panel will consider your application and give advice.

|  |
| --- |
| Name of EGL Participant: |
| Independent Facilitator: |
| What do you want to buy? |
| Why do you want to buy it? How will it contribute to your “good life”?: |
| How much does it cost? Is this a one-off cost or are there ongoing expenses? Will you make a personal contribution? |
| What would be traded off for the purchase i.e. what would you miss out on if you used your budget for this?: |
| Would anyone else fund this? Have all other options for making the purchase been looked into – please include what these were and why they weren’t appropriate (e.g. EMS, Enable, Work and Income): |
| What is your current personal budget and when is your review date?: |

Please attach any supporting documents / photos / reports / plans / quotes

Advice given: Recommend/Not Recommend

Decision Approve/Decline

EGL Lead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_