Purchase Application Form

For Personal Budget use that is either over $5,000, or for the purchase of a vehicle, the purchase must be supported by the EGL Purchasing Panel (which is a panel formed by disabled community members within the region), who will consider the application in relation to the [Whaikaha Purchasing Guidelines](https://www.whaikaha.govt.nz/assessments-and-funding/types-of-funding/purchasing-guidelines/):

1. It helps people live their life or makes their life better
2. It is a disability support
3. It is reasonable and cost-effective
4. It is not subject to a limit or exclusion

If you wish to make a purchase of this kind, please complete the form below and forward it to EGL Christchurch at budget@eglives.co.nz. This application form aims to provide enough detail for the panel to understand how your budget use follows the purchasing guidelines in your personal situation. We recommend also forwarding this to your funding host for their reference. The EGL Christchurch Purchasing Panel will consider your application at their next meeting and give advice.

Please be aware that the purchasing panel meets every last Tuesday of a month. Only applications received by the 15th of a month will be reviewed at that meeting.

**General Application Details:**

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| --- |
| Application Date: / / Name of Applicant: EGL Connector/Kaitūhono:Application Submitted by: Best Contact details: Item(s) for purchase: Cost of purchase:   |
| **Please complete the questions relating to the purchase on the next page, or attach other supporting information that addresses them:** |
| Describe the goal(s) this purchase aims to achieve?  |
|  |
| What is it about this option that makes it most suitable? What other support options are there that could help achieve this goal? |
|  |
| If this purchase is something most non-disabled people would use, how does it uniquely support your disability needs?  |
|  |
| Does the purchase have a one-off cost, or are there on-going expenses? |
|  |
| When is your budget review date? Will you have enough funding remaining after this purchase to cover all other support needs you will have? |
|  |

**Please attach any other supporting documents (e.g. letters, photos, plans, quotes, reports etc.)**

OFFICE USE ONLY

Advice given : [ ]  Recommend [ ]  Not Recommend

Decision : [ ]  Support [ ]  Do not support

**EGL Director Budget Advisor**

Name : Name :

Date : Date :

Reasoning :