



Local Welfare Provision Review Form

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| Customer Full Name | |
| Address | |
| Post Code | |
| Contact Number | |
| Email | |

Please confirm the date of decision you would like us to review

A review must be received within one month of the date upon which you were notified of the decision.

Please provide details of the reason you disagree with the decision and why?

(Unfortunately, it is not enough to say you disagree with the decision or that you are unable to meet the short fall yourself. You must state why you think the decision is incorrect, what you think we have got wrong or what information you think we have not taken into account)

Please provide any additional supporting information that you would like us to take into consideration when undertaking the review. *Note this should be information you have not previously provided.*

The Reviewing Officer will communicate the outcome of the review in writing within 14 days of receiving the review, or as soon as possible thereafter

Any LWP award can only be made subject to their being sufficient funding available from within the Council's LWP Scheme Budget to pay for this. No further awards will normally be made to applicants, notwithstanding the application's own merits, should available funding have been exhausted, given that there is no statutory entitlement to this type of support from the Council.

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|----------------|--|
| Date completed | |
| Signature | |