

Scrutiny in Wiltshire



SCRUTINY ITEM – MEMBER REQUEST FORM

This form is for use by members submitting an item, which they would like to bring to the attention of an Overview and Scrutiny Committee. Once completed, the form should be returned to: Democratic and Member Services, County Hall, Trowbridge, BA14 8JN

Tel: 01225 71 3049 / 3079 / 3049 / 3056, Fax: 01225 713099 or email:

paulkelly@wiltshire.gov.uk / johowes@wiltshire.gov.uk / karenlinaker@wiltshire.gov.uk / ceri.williams@wiltshire.gov.uk

How to place an item on the Agenda of an Overview and Scrutiny Committee:

- **Any member of an overview and scrutiny committee or sub-committee** shall be entitled to give notice to the Deputy Chief Executive that he/she wishes an item relevant to the functions of the committee or sub-committee to be included on the agenda for the next available meeting of the committee or sub-committee. On receipt of such a request the Deputy Chief Executive will ensure that it is included on the next available agenda.
- **The Leader of the opposition may on up to 4 occasions per year** require the Deputy Chief Executive to include an item on the agenda of an overview and scrutiny committee for consideration. The Deputy Chief Executive shall inform the chair of the overview and scrutiny committee of the request at the earliest opportunity, and make arrangements for the matter to be included on the agenda at the next available meeting of that overview and scrutiny committee ('Leader' above refers to all opposition party leaders)
- **Any 5 members of the Council** may give written notice to the Deputy Chief Executive that they wish an item to be included on the agenda of an overview and scrutiny committee. If the Deputy Chief Executive receives such a notification, then he/she will include the item on the first available agenda of the overview and scrutiny committee for consideration by the committee.

1. Please provide details of the member(s) submitting the request:

Committee Member:

(1) Name: _____ Signature: _____

Or additional 4 Members if not Overview and Scrutiny Committee Member

(2) Name: _____ Signature: _____

(3) Name: _____ Signature: _____

(4) Name: _____ Signature: _____

(5) Name: _____ Signature: _____

2. **What would you like scrutinised?**

(Please state the service Area, Council Activity or topic for scrutiny)

3. **Why would you like this matter examined?**

(Please provide evidence on why you think this matter is relevant for scrutiny)

4. **What action have you taken to investigate this matter?**

- Have you contacted the relevant service department / Head of Service
- Have you contacted the responsible Cabinet Member
- Have you undertaken any other correspondence on this issue

5. **Is there any other information you wish to provide?**

Your request form will be considered by the next available meeting of the Overview and Scrutiny Committee. The Committee will decide upon any action to be taken and its priority within the overall Work Programme.