CONFERENCE, SEMINAR AND OTHER EVENT ATTENDANCE:





PART 1 - TO BE COMPLETED FOR ALL EVENTS

REFERENCE NO.:											
APPROVAL	_ IS SOUGHT	ON BEHALI	F OF:								
Member(s):											
DETAILS O	F THE EVEN	T (please att	ach a	сору	of the ev	ent progra	mme or itin	erary t	o thi	s fo	rm):
Type of Even (Please circle		Conference Seminar Visit Meeting Other Event									
Title:											
Venue:							Date(s):				
BUDGET A	PPROVAL F	OR COSTS T	О ВЕ	METI	N ADVAN	ICE BY TH	E COUNCIL	_:			
Is there a cost to the Council? If NO, please provide details below of which organisation will cover any costs relating to attendance at the event: YES / I											
AC	COMMODA	ΓΙΟΝ		TRAVEL		DELEGATE FEES		OTHER COSTS (e.g. foreign travel			
Hotel details	S:		Mo trav	de of /el:		Cost per person:			nsura		
No. of nights	s:										
No. of peop	le:			st per							
Cost per nig	jht]								
Sub Total	£		Su		£	Sub Total	£	Sub Total		£	
							TOTAL =	£			
Please tick	the relevant	budget for the	his a _l	oplicat	ion:						
Cabinet Member Conference Budget				T	binet Memb	er Conferer	nce Bud	lget			
Civic Budget				Scrutiny Budget							
Service Area Budget / Other (please provide details)									,		
Budget Available			YES /	NO NO	NO Total Estimated Cost: £						
		Approval to I	be si	gned b	y Approp	riate Budg	et Holder				
Is sufficient budget available to cover all costs to be incurred by the Member(s)?						YES / NO					
Is attendand	ce at this conf	erence, semir	nar or	other e	event app	ropriate?			YES / NO		
Signed:		Position						Date:			

Please note that final approval of this application is provided in Part 4 of this form

Authorisation:

Democratic Services Manager

Page 1 of 4

Process Owner:

Democratic Services

4.C.242

Issue 4

Sept 2013

PART 2 - ASSESSMENT CRITERIA FOR ALL EVENTS

ALL REQUESTS FOR ATTENDANCE MUST BE ACCOMPANIED BY THE FOLLOWING INFORMATION SCHEDULE:

Proposals for all events will not be considered unless they meet the Council's criteria for approval. Your application to attend an event will not be assessed unless this checklist has been completed and signed.

CRITERIA	(delete as appropriate)
Is the event of a political nature or supported by a political party?	YES / NO
Does the content of the event relate directly to Cabinet, Civic or Committee Representation? If YES, please provide details below:	YES / NO
Have you been invited to actively participate at the event? (e.g. making a speech, presenting a paper or chairing a session) If YES, please provide details below:	YES / NO
What benefits will the Council and/or you as a Councillor gain from your attendance a	at this event?
SIGNED: DATE:	

Please note that approval to attend an event does not guarantee your attendance or that your requested travel arrangements will be available.

Please ensure that your application to attend is submitted well in advance of the event.

4.C.242 Issue	Sept 2013	Process Owner: Democratic Services	Authorisation: Democratic Services Manager	Page 2 of 4	
---------------	-----------	---------------------------------------	--	-------------	--

PART 3 – ADDITIONAL ASSESSMENT CRITERIA FOR <u>ALL INTERNATIONAL EVENTS / VISITS ONLY</u>

	CRITERIA	(delete as appropriate)
1.	Does attendance at the event contribute towards an approved Corporate Plan priority or a specific initiative previously approved by the Council?	YES / NO
2.	Does the event relate to the Council's International Policy?	YES / NO
3.	Does attendance at the event relate to an invitation from an existing twin city or international network/project partner city? If YES, please provide details below:	YES / NO
4.	Is this a new initiative which will benefit the Council? If YES, please provide details below:	YES / NO
5.	What is the purpose of attendance? (please provide details or attach a copy of the event programme/itinerary to this form)	
6.	What are the anticipated benefits for the Council?	
7.	Have you received a personal invitation to attend this event?	YES / NO
	If YES, is declining the invitation likely to cause offence?	YES / NO
8.	Does the invitation specifically include partners or other guests?	YES / NO
If YES, will additional expense be incurred by the Council as a result?		YES / NO
9. Is Officer support required? If YES, please provide details of officer attendance/support below:		YES / NO

4.C.242 Issue 4 Sept 20	Process Owner: Democratic Services	Authorisation: Democratic Services Manager	Page 3 of 4	
-------------------------	---------------------------------------	--	-------------	--

PART 4 – APPROVAL OF APPLICATION

Approval to be signed by the County Clerk and Monitoring Officer						
I have considered this application, the supporting information provided and the attached event programme/itinerary and believe that attendance would be / would not be* beneficial to the Council or Councillor(s).						
I confirm that I approve / do not approve* the application and attendance.						
(*Please delete as appropriate)						
If not approved, please provide reasons:						
Name: Pos	sition:					
Signed:	Date:					

(Officers from Democratic Services will inform the relevant Member(s) of the approval \prime refusal of their application)

4.C.242	Issue 4 Sept 2013	Process Owner: Democratic Services	Authorisation: Democratic Services Manager	Page 4 of 4	
---------	-------------------	---------------------------------------	--	-------------	--