

**APPLICATION FOR THE PANEL TO CONSIDER A QUESTION**

This form must be completed in order to refer a question to the Panel for Advising Governors (“the Panel”). It may be completed by any governor on behalf of the Council of Governors with support from your Company Secretary if appropriate, although this is not required. Please ensure that you have read the notes that accompany this form.

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| **CONTACT INFORMATION** | | |
| Name of foundation trust: | |  |
| Name of contact in relation to this application: | |  |
| Address: | |  |
| Telephone number: | |  |
| Email: | |  |
|  | |  |
| **JURISDICTION** | | |
| The Panel has jurisdiction to consider this question because: | | |
|  | the submission of this application has been considered by the full Council of Governors and approved by more than half of the members voting | |
| *And* | | |
|  | the subject of this application relates to the foundation trust named above failing to act in accordance with its constitution; and / or | |
|  | the subject of this application relates to the foundation trust named above failing to act in accordance with provision made by or under Chapter 5 of the National Health Service Act 2006 (as amended). | |
|  |  | |
| If this application relates to an apparent failure to act in accordance with the constitution, please give details on the part of the constitution you believe has not been followed. Please be as specific as you can, providing paragraph numbers etc. | |  |
| Where this application relates to an apparent failure to act in accordance with the specified parts of the NHS Act 2006, please provide more detail on the part of the Act you feel has not been followed. Please be a specific as you can, providing section/paragraph numbers where appropriate. The NHS Act 2006 can be found at www.legislation.gov.uk | |  |

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| **THE QUESTION(S)** | | | | |
| Please use this page to outline the question(s) you would like the Panel to consider. Remember that the Panel is independent from your foundation trust and therefore you should provide sufficient information to allow a good understanding of the issues. Try to be concise and it is often helpful if you can outline the questions that you wish the Panel to consider. | | | | |
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| **DOCUMENTS AND SUPPORTING INFORMATION** | | | | |
| The following documents are attached for the Panel’s consideration: | | | | |
|  | the constitution | | | |
|  | A copy of the papers that were submitted to the Council of Governors, if any, when considering this application | | | |
|  | Other - [type the name here] | | | |
|  | Other - [type the name here] | | | |
|  | Continuation sheets - [type the number of pages here] | | | |
|  | | |  | |
| **STEPS ALREADY TAKEN** | | | | |
| The following steps have been taken prior to this application to try and resolve matters: | | | | |
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| **DECLARATION** | | | | |
| I declare that this application is made by me, on behalf of and with the authority of the Council of Governors of the foundation trust named on page one of this application, following the approval of the majority of the members of the council voting on the matter.  I understand that this application will be considered by the Panel if it fits the referral criteria and that I will be provided with written advice following the Panel’s deliberations. I will ensure that this advice is shared with the Council of Governors on receipt. I also understand that the advice provided is not binding on me or on the Council of Governors or on the foundation trust. | | | | |
| Name: | |  | | Role: |
| Signature: | |  | | |
| Date: | |  | | |