

Reference (official use)



## Deputations – submission form

If you wish to submit a deputation for consideration by the Scrutiny & Petitions Committee, please complete the form below. You are advised to refer to the Guidance Questions and Answer sheet provided.

<b>Details of Principal Representative of the Community Organisation or Group</b>	
Please enter the name and contact details of the person representing the community organisation or group raising the subject matter. <i>This will be the person who will receive correspondence from the Council about the proposed deputation.</i>	
<b>Community Organisation/ Group:</b>	
<b>Name of Representative:</b>	
<b>Position held in Organisation/Group:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone no:</b>	
<b>Email:</b>	

### **Title of Deputation and Deputation Statement**

Please enter the title of the subject matter of the Deputation and any statement in support of this, including the action your Organisation or Group would like the Council to take.

**Title:**

**Statement (no more than 250 words):**

**Further information.**

Please enter below any measures already taken, or persons/organisations approached to attempt to resolve the issues, or any information you wish the Committee to have at their meeting. Attach additional sheets to this form if required but please note that this information must be limited to no more than 4 sides of A4 paper.

**Hearing a Deputation at the Committee.**

Please indicate below who you would like to make a statement at the meeting of the Scrutiny & Petitions Committee when your deputation is being heard.

\*I shall/shall not be the main speaker for the deputation.

\*I would like my deputy(ies) named below to lead the deputation/also speak on behalf of the community organisation/group.

Name of deputy .....

Contact details .....

Signature of deputy.....

Name of deputy .....

Contact details .....

Signature of deputy.....

\* please delete as appropriate

**Signature of Principal Representative.**

If you are satisfied your deputation meets all the requirements as stated in the Guidance Questions and Answers please add your signature and date below.

Signature of Community Organisation/Group Representative

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Date.....

**Please submit this form and any additional sheets to:-**

Clerk to the Council, Scottish Borders Council, Council Headquarters, Newtown St Boswells, Melrose, TD6 OSA,  
or email to:

[committeepapers@scotborders.gov.uk](mailto:committeepapers@scotborders.gov.uk)