Elected Member Annual Report and Review – 2009/10



PLEASE READ THE ACCOMPANYING GUIDANCE NOTES BEFORE COMPLETING THIS FORM

Member Name:		
Electoral Division:		
Year first elected:		
Telephone Number:	e-Mail:	
Are you in <u>paid</u> employment in any capacity in additional councillor (excluding membership of other authorities)	•	ounty
	YES N	0
If yes, please give details in the box below		
Are you a Member of another local authority or do y authority for which remuneration is received?	you serve on any other	<u>public</u>
authority for which remaineration is received:		
	YES N	0
If yes, please give details in the box below, including received	ng details of any remune	eration

Section 1: Attending County Council Meetings Please list all meetings including how many meetings you attended of your Local Board

Name of Board or Committee	Number of Meetings attended		Position on Board or Committee and nature of responsibility
County Council		7	

Section 2: Liaising with your Electoral Division Please list here any organisations within the community with which you have contact. We you doing in your division? (Please specify if you are acting as a member of the body of KCC representative)	

Please set out here how you contact your constituents and how you make it easy for them to contact you. If you have made a contribution in advising and assisting constituents, and/or resolving problems in the delivery of KCC services, please explain this:				
	ails of where and how you re	ecommended your £10,000 a	llocatio	
e spent?	Purpose	Amount		
<mark>e spent?</mark>	Purpose	Amount		
<mark>e spent?</mark>	Purpose	Amount		
Please give exact det pe spent? Organisation	Purpose	Amount		

Section 4: Representing the County Council on outside bodies

Please set out here any bodies to which you have been appointed by the Council or which you attend in your role as a County Member, in order to promote joint working and improved service delivery to the public.

(List any involvement with Parish Councils and membership of schools governing bodies)

Name of Organisation	Number of Meetings Attended	Number of Meetings held each year	Nature of responsibility

Section 5: Special Responsibilities

Please itemise here any Special Responsibility for which you receive SRA

Responsibility	nature of your duties	Amount received £

	in this box spe previous year.	cific training co Please descrit	urses which yo <mark>oe the benefits</mark>	u have attended to <mark>of attending these</mark>	further devel training cours
lease set out	t in this box any	attendance at	conferences, s	eminars etc	
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	m that you had wing the Cour		9	<mark>cal Standards an</mark> e 2009	a ine Code (
				YES	NO
	Dolitical Ac	41. /14. /			
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Please feel free to add any information you feel may assist in defining your role as an Elected Member, or indeed any additional information you wish to add:	
Elected Member, or indeed any additional information you wish to add:	
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Ensure that the section below is signed and dated both by you and your Group Lead	er.
Signature of Member: Date:	
Signature of Leader: Date:	

THIS FORM MUST BE COMPLETED BY XXX 2010