**SEStran Participation Requests – Organisation Response Forms**

These forms have been prepared to assess and record participation requests received by SEStran.

|  |  |
| --- | --- |
| **REFERENCE NUMBER**  *(SEStran use only)* |  |

|  |  |
| --- | --- |
| **DETAILS OF COMMUNITY PARTICIPATION BODY** | |
| Name of Community Body |  |
| Contact Name |  |
| Contact Address |  |
| Contact Telephone number |  |
| Contact Email |  |
| Website (if available) |  |
| Type of organisation | A community controlled body  A community council  A community body without a written constitution  A body designated by Scottish Ministers as a community participation body |
| Name of any other public service authority which the CPB requests should participate in the outcome improvement process, contact details of key contact and date contacted (if applicable) | Organisation:  Contact:  Date contacted: |
| Name of Participation Request Panel Members |  |
| Does the decision need to be referred to the Partnership Board?  Do we need to request an extension to the timescales to take the request to Board? | Yes  No  If Yes, state the name and date of the meeting (if applicable):    Yes  No |

**Application Vetting Checklist**

*To be completed by the Business Manager on receipt of a participation request, with input from the Secretary as required.*

|  |  |
| --- | --- |
| Has the request been submitted in writing or by electronic means in the form provided? | Yes  No |
| Is the community organisation:   * a community controlled body * a community council * a community body without a written constitution * a body designated by Scottish Ministers as a community participation body   *If the community organisation is none of the above then the application will be refused and a Decision Notice will be issued on this basis.* |  |
| Has the community body specified an outcome (which results from provision of a service provided by SEStran) that they wish to improve? | Yes  No |
| Has the community body set out the reasons why they believe they should participate in an outcome improvement process? | Yes  No |
| Has the community body provided details of any knowledge, expertise and experience they have in relation to the outcome? | Yes  No |
| Has the community body set out how the outcome will be improved because of their involvement? | Yes  No |
| Is a copy of the community participation body’s constitution or other governing documents included with the application? | Yes  No |
| Does this meet the requirements of the Act? *(see page 17-19 of the statutory guidance)* | Yes  No |
| Has the community body requested that one or more other public service authorities are involved? | Yes  No  *If answered Yes, please make contact with the relevant authority/authorities* |

If you answered ‘No’ to any of the above questions, then the request does not meet the statutory requirements and is not valid. Please request that the community body provides the relevant/missing information for the application to proceed. The request is not treated as having been made until all the required information is received by the public service authority.

**Assessment Criteria**

Once an application has been validated, the Participation Request Panel will use the form below to assess the request. The assessment form will inform the Decision Notice. A copy will be enclosed with and referred to in the Decision Notice.

|  |
| --- |
| **ASSESSMENT OF PARTICIPATION REQUEST** |
| **Outcome the CPB wants to improve:** |
| **Is the outcome specified improved by the proposal?**  Will the proposal promote or improve the following:  Economic development  Regeneration  Public Health  Social wellbeing  Environmental wellbeing  Reduce inequalities of outcome  Any other benefit :  Please provide comments below: |
| **Has the CPB consulted with members of the community?**  Yes - please provide details below  No |
| **Is agreeing to the request likely to reduce inequalities of outcome which result from socio-economic disadvantage?**  Yes - please provide details below  No |
| **Is agreeing to the request likely to lead to an increase in participation in the outcome improvement process by persons who experience socio-economic disadvantage?**  Yes - please provide details below  No |
| **Is agreeing to the request likely to lead to an increase in participation by persons who experience socio-economic disadvantage in the design or delivery of a public service as relates to the outcome?**  Yes - please provide details below  No |
| **Will the proposal have implications for the following:**  Best Value  Quality Standards  Finance/resources  Safety  Sustainability  Capacity  Please provide further detail below: |
| **Please include details of any other matter considered relevant** |

**DECISION NOTICE TEMPLATE – WHERE APPLICATION IS REFUSED**

|  |
| --- |
| **DECISION NOTICE** |
| *Note – this section will be communicated to the CPB and will be published on the SEStran website.*  **Name of CPB:**  **Name of** **Public Service Authority/Authorities involved:**  **Participation Request Reference Number:**  **DECISION: Refused**  *If the decision is to refuse the application, the reasoning must be clearly included. This should provide a comprehensive rationale for refusal based on the legislation and on the guidance in “Right First Time: A practical guide for public authorities in Scotland to decision-making and the law” (*[*http://www.gov.scot/Resource/Doc/303683/0095190.pdf*](http://www.gov.scot/Resource/Doc/303683/0095190.pdf)*).*  *The refusal may be because:-*   * *The applicant is not a valid CPB* * *Information required by law has not been provided* * *On its merits, assessed against the statutory criteria, there are reasonable grounds for refusing it*   **SIGNED:**  **PRINT:**  **JOB TITLE:** PARTNERSHIP DIRECTOR  **DATE:** |

**DECISION NOTICE TEMPLATE – WHERE APPLICATION IS APPROVED**

|  |
| --- |
| **DECISION NOTICE** |
| *Note – this section will be communicated to the CPB and will be published on the SEStran website.*  **Name of CPB:**  **Name of** **Public Service Authority/Authorities involved:**  **Participation Request Reference Number:**  **DECISION: Approved**  **Outcome to which the outcome improvement process relates:**  *If approved, the following content should be included:*  ***Where an outcome improvement process already exists***   * *Describe the operation of the outcome improvement process* * *Specify what stage it has already reached* * *Set out how the CPB will participate in the process* * *Identify others that are part of the process and how they will participate* * *Timescale for completion of the outcome improvement process*   ***Where an outcome improvement process does not already exist***   * *Describe how the outcome improvement process will operate* * *Explain how the CPB is expected to participate* * *Describe how any other persons are expected to participate on the process* * *Timescale for completion of the outcome improvement process*   **SEStran Officer responsible for monitoring and maintaining outcome improvement process:**  **Name:**  **Job Title:**  **Contact Details:**  **SIGNED:**  **PRINT:** GEORGE ECKTON  **JOB TITLE:** PARTNERSHIP DIRECTOR  **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Modified Outcome Improvement Process**

The public service authority may modify the outcome improvement process, following consultation with the CPB. The toolkit outlines the process for assessing and agreeing proposed changes.

The public service authority must publish the new modified outcome improvement process and must make clear what the modification is in relation to the original process. The form below outlines all the required information to be included in a modified outcome improvement process and should be used as a template.

|  |
| --- |
| **MODIFIED OUTCOME IMPROVEMENT PROCESS** |
| *Note – this will be communicated to the CPB and will be published on the SEStran website.*  **Name of CPB:**  **Name of** **Public Service Authority/Authorities involved:**  **Participation Request Reference Number:**  **Outcome to which the modified outcome improvement process relates:**  *The following information should be included:*   * *Identify the outcome improvement process which has been modified* * *How that outcome improvement process has been modified* * *How the modified outcome improvement process is to operate* * *Outline the timescales for the commencement of the process*   **SEStran Officer responsible for monitoring and maintaining outcome improvement process:**  **Name:**  **Job Title:**  **Contact Details:**  **SIGNED:**  **PRINT:**  **JOB TITLE:** PARTNERSHIP DIRECTOR  **DATE:** |