

Members' Proposal Form for Scrutiny Topics	
NAME OF SCRUTINY COMMITTEE	
TIMESCALE FOR CONSIDERATION	
TOPIC	
What needs to be scrutinised and why?	
Is the matter one of concern to residents/local businesses?	YES/NO
Can Scrutiny influence and change things? (if 'yes' please state how you think scrutiny can influence or change things)	YES/NO
Does the matter relate to an underperforming service or area?	YES/NO
Does the matter affect a large number of residents or a large geographical area of the County? (if 'yes' please give an indication of the size of the affected group or area)	YES/NO
To your knowledge is anyone else looking at this matter? (If 'yes', please say who is looking at it)	YES/NO
Name of Councillor/Co-opted Member	
Date	