CONFERENCES/SEMINARS

AUTHORITY FOR ATTENDANCE

THIS FORM TO BE USED FOR COUNCILLORS (FOR ATTENDANCE BOTH IN AND OUTSIDE THE U.K.) AND FOR EMPLOYEES (OUTSIDE THE U.K. ONLY OR, IF ACCOMPANYING A COUNCILLOR, INSIDE THE UK)

		CIPFA Annual Conference
1.	Title of Conference	CIPFA
2.	Organising Body	DECOME & SECTION
3.	Location	Manchester Central Covention Centre
4.	Date(s)	12-14" July 2016
5.	Councillor(s) recommended to attend	Clir Blundell to attend
6.	Employee(s) recommended to attend	Chris West, Barry Hastie
7.	Cost per person, including travel, etc (Note: If total cost is less than £100, formal Cabinet/Cabinet Member approval is not required)	Delegate Fee £654 Accommodation £185 Travel £160 Total £999
8.	Is participation at this event as part of a group	YES
9.	If so, how many people IN TOTAL will be attending the event as part of that group	3
10.	Is there anyone travelling with the Member, officer or group in relation to whom any of the costs of travel, accommodation or any other expense will be paid for by a Member or officer. If "YES" please state number.	No
11.	Source of Funding (FIS Code)	11716
	What are the reasons for attendance and what benefits to the City Council are expected from attendance	The conference explores issues facing the sector, its organisations and employees to help attendees develop the crucial information and skills needed to lead their organisations.
		Completed By/Signed: Chris West
		Date: 17/5/2016
13.	Is this conference part of an overall project involving further visits in the future?	NO
14.	Recommendation of Cabinet Member/	YES/NO

Cabinet/Chair of Council Committee	any other	City	
(a) Are you satisfied genuine reason for genuine benefit for t	attendance		

(b) Will Councillor attendance affect the decision-making processes of the Council?	YES/NO			
(c) Is attendance recommended?	YES/NO			
	Signed: Date:			
15. Cabinet Member's recommendation	YES/NO			
	Signed: Date:			
16. Leader's recommendation	YESANO Signed: 2 6 16			
17. Person responsible for booking conference following approval of attendance	Name: Hema Patel Department: Resources			
	Telephone No: 02476833700			
THIS FORM SHOULD NOW BE RETURNED TO THE DIRECTOR OF CUSTOMER ANI WORKFORCE SERVICES (Room CH 59)				

FOR CUSTOMER AND WORKFORCE SERVICES DIRECTORATE'S USE ONLY

Decision	Cabinet Member/Cabinet	
APPROVED / NOT APPROVED	Date:	
Notification to:	YES/NO DAT	E
(a) Officer responsible for booking conference		
(b) Councillor attending		
(c) Member of Management Board		
(d) Members' Services		
(e) Committee Officer		
Date report back obtained		
Date of meeting of Scrutiny to receive report back		