


Delegated Decision Notification

This form is used both to give notice of an officer's intention to make a Key decision and to record any delegated decision which has been taken. The decision set out on this form therefore reflects the decision that it is intended will be made, or that has been made. Although set out in the past tense a decision for which notice is being given may be subject to amendment or withdrawal.

LEAD DIRECTORⁱ:	The Director of Children's Services
SUBJECTⁱⁱ:	Record of Decisions – Child Performance Licenses, Child Chaperone Licenses and Children's Work Permits – January 2015
DECISION DETAILSⁱⁱⁱ:	The Area Head of Targeted Services (ENE) agreed to publish the attached record of decisions made in January 2015.
TYPE OF DECISION:	<input type="checkbox"/> Key Decision (Executive) Is the decision eligible for call-in? ^{iv} <input type="checkbox"/> Yes <input type="checkbox"/> No Is the decision exempt from call-in? ^v <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Significant Operational Decision (Council or Executive ^{vi} – not subject to call-in) <input type="checkbox"/> Administrative Decision (Council or Executive ^{vii} – not subject to publication or call-in)
NOTICE^{viii} / CALL-IN (KEY DECISIONS ONLY):	<p>Date the decision was published in the List of Forthcoming Key Decisions:</p> <p>If not on the List of Forthcoming Key Decisions for at least 28 clear days, the reason why it would be impracticable to delay the decision:-</p> <p>If exempt from call-in, the reason why call-in would prejudice the interests of the Council or the public:-</p>
AFFECTED WARDS:	None
DETAILS OF CONSULTATION UNDERTAKEN:	<div style="display: flex; justify-content: space-between;"> Executive Member Date consulted: Interest disclosed?^{ix} </div> <div style="text-align: right;"> <input type="checkbox"/> Yes (Date of dispensation:) <input type="checkbox"/> No </div>

	Ward Councillor	Date consulted:	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input type="checkbox"/> No
	Others ^x (please specify:)	Date consulted:	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input type="checkbox"/> No
CAPITAL INJECTION APPROVAL REQUIRED:	Injection approval required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, you must complete the Approval box below)		
CAPITAL INJECTION APPROVAL	(Name:) (Title:)	Capital Scheme Number: XXXXX / XXX / XXX Date:	
CONTRACT DETAILS (PROCUREMENT DECISIONS ONLY)	Contract Reference Number	Contract Title	
		Supplier	
IMPLEMENTATION (KEY DECISIONS ONLY)	Officer accountable for implementation Timescales for implementation ^{xi}		
CONTACT PERSON:	Ruth Kitson	Telephone number ^{xii} : 0113 2475648	
DECISION MAKER / AUTHORISED SIGNATORY ^{xiii} :	 (Name: Gillian Mayfield)	Date: 23/2/15	