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 DIRECTOR ¹ :	Director of City Development			
SUBJECT":	Guiseley School, Fieldhead Road, Guiseley, Leeds, LS20 8DT – Transfer to the			
	Aireborough Learning Partnership Trust.			
DECISION	The Director of City Development has given approval to the freehold disposal of			
DETAILS":	the site of Guiseley School to the Aireborough Learning Partnership Trust to enable it to run the school as a trust school in line with legislation and on the terms outlined within the report.			
TYPE OF	☐ Key Decision (Executive)			
DECISION:	Is the decision eligible for call-in?iv Yes No			
	Is the decision exempt from call-in?"			
	⊠ Significant Operational Decision (Council or Executive i – not subject to call-			
	in)			
	☐ Administrative Decision (Council or Executive ^{vii} – not subject to publication			
	or call-in)			
NOTICEVIII / CALL-	Date the decision was published in the List of Forthcoming Key Decisions:			
IN (KEY				
DECISIONS	If not on the List of Forthcoming Key Decisions for at least 28 clear days, the			
ONLY):	reason why it would be impracticable to delay the decision:-			
	If exempt from call-in, the reason why call-in would prejudice the interests of the			
	Council or the public:-			
AFFECTED	Guiseley and Rawdon			
WARDS:				
DETAILS OF	Executive Member Date consulted: Interest disclosed?ix			
CONSULTATION	Children's Services			
UNDERTAKEN:	consults the Executive Member			
	for Childrens and			
	Families on all Trust conversions.			

		Ward Councillor	Date consulted:	Interest disclosed?	
		Cllr. G. Latty	06.02.19	Yes (Date of dispensation:)	
		Cllr. P. Lätty	u	⊠ No	
		Cllr. P. Wadsworth	и	-	
m. 4		. 3.,	a the a time	V w G AN	
	1 100	Others ^x (please	Date consulted:	Interest disclosed?	
		specify:)	<u>*</u> 1	☐ Yes (Date of dispensation: ₃)	
				⊠ No	
	CAPITAL				
	INJECTION	Injection approval red	quired?	s 🛛 No	
	APPROVAL	(If yes, you must complete the Approval box below)			
	REQUIRED:				
	CAPITAL			Capital Scheme Number:	
	INJECTION			XXXXX / XXX / XXX	
	APPROVAL	(Name:)		
		(Title:)	Date:	
	CONTRACT	Contract Reference	Number	Contract Title	
	DETAILS				
	(PROCUREMENT			Supplier	
	DECISIONS ONLY)			Supplier	
	IMPLEMENTATION	Officer accountable for	or implementation		
	(KEY DECISIONS				
	ONLY)	Timescales for imple	mentation ^{xi}		
	CONTACT	Darren Wilding		Telephone number ^{xii} : (0113) 3787676	
	PERSON:				
	DECISION MAKER		- 1 .	Date:	
	/ AUTHORISED	1000M_0	7	13/2/19.	
	SIGNATORYXIII:	(Name: M. Farringto	n)		

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