**Proposal form for agenda items to be considered by RCN Council January – December 2024**

**Please complete this form in its entirety. Incomplete applications will not be considered.**

**Submission Deadlines:**

This form must be submitted by the deadlines listed below by email to: [governance.support@rcn.org.uk](mailto:Council@rcn.org.uk) .

|  |  |
| --- | --- |
| **Deadline for submission** | **Council Meeting date** |
| 13 December 2023 | 24 & 25 January 2024 |
| 8 March 2024 | 17 & 18 April 2024 |
| 18 June 2024 | 24 & 25 July 2024 |
| 24 September 2024 | 30 & 31 October 2024 |

|  |  |
| --- | --- |
| **Submitter Name:** |  |
| **Membership Number:** |  |
| **Title of agenda item** |  |

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| **Has this matter been raised through the relevant escalation channels prior to coming to Council and what was the outcome?** |
| |  |  |  |  | | --- | --- | --- | --- | | **Please tick** | |  | **Outcome** | |  | Regional/Country Branch | |  | |  | Regional/Country Board | |  | |  | Staff Lead | |  | |  | Relevant RCN Committee Chair | |  | |  | Council Member | |  | |

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| **Please outline below the issue, including a brief background to be considered by Council (max 400 words)** |
|  |
| **Is this item for discussion or decision?** |
| |  |  |  |  | | --- | --- | --- | --- | |  | Discussion |  | Decision | |
| **If your item is for decision, please provide information as to the decision you wish the Council to make.** |
|  |
| **Please indicate below the scope of the impact on members and/or the nursing profession, so that Council may understand the scale of the issue.** |
|  |
| **Is there any further information you feel Council need to know?** |
|  |
| **If accepted, how would you, or a nominated representative, prefer to present this agenda item at Council?**  *Please note that travel expenses to attend in person will not be reimbursed.* |
| |  |  |  |  | | --- | --- | --- | --- | |  | In person | Virtually | Will not be present | |