**Author/Proposer**

Please complete this form electronically and e-mail it, along with your document/s, to the Chair of the Organisational Governance Approval Group, to be considered at the next meeting. Please copy in the Education and Development Secretary. Part 2 needs to be completed for FNHC documents.

**PART 1: Request for Ratification/Adoption of Policy, Procedure or Guideline**

**Title of document:**

**Author Name** (If FNHC document)**:**

**Published/Produced by** (e.g. FNHC, GoJ)**:**

**Rationale for adoption by FNHC** (if document not developed by FNHC)**:**

**In house consultation process** (for documents being adopted only)**:**

**Author / Proposer Name:** ……………………………………….**Date:** ………………………..

**Chair of Organisational Governance Approval Group (OGAG) to complete**

Document approved without further comment? Yes / No

***If ‘No’***

Requires resubmission to OGAG following amendments

Document approved once suggested amendments have been incorporated without requiring resubmission to OGAG

***Amendments required:***

**Name of Chair:** ………………………………………………..**Date:** ………………………….

Chair: when approved by OGAG, please email any new policies or those that have had a full review to the Chief Executive Officer for final approval

**PART 2: Publication Checklist and Implementation Plan (for FNHC documents)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **N/A** | **Yes** | **No** |
| **Drafting** | Has an FNHC document template been used? (if no, then please transfer document onto the appropriate template prior to submission) | | | |  |  |  |
| Has the document been checked for readability? | | | | |  |  |
| Has the consultation schedule (where relevant) been completed? | | | |  |  |  |
| Has the equality impact assessment been completed? (only applicable for policy documents) | | | |  |  |  |
| **Associated documents** | Does this document replace another/others? | | | | |  |  |
| Please list which documents need to be removed and from where: | | | | | | |
| Are there any templates or forms that need to be uploaded to Central Filing/EMIS? (please specify below) | | | | |  |  |
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| **Which employee groups must read this document?**  Please select all that apply | All Staff | |  | Non-clinical | | |  |
| DN Adult Services | |  | Clinical registered | | |  |
| Child and Family Services | |  | Clinical non-registered | | |  |
| Health Visiting Team | |  | RRRT | | |  |
| School Nursing Team | |  | CCNT | | |  |
| Home Care | |  | Other (please specify): | | |  |
| **Learning & Development Requirements**  Please submit any supporting resources with document | None | | | | | |  |
| Document to be uploaded to Virtual College: Yes  No | | | | | | |
| Supporting resources to be uploaded to Virtual College:  Yes  No  Please select all that apply:  7-minute briefing  PowerPoint Presentation  Multiple Choice Quiz/Assessment questions  Other (please specify): | | | | | | |
| Face to face training/other (e.g. discussion with Education Dept. and delivery plan) – please provide details: | | | | | |  |
| **Any Other Comments** |  | | | | | | |

|  |  |
| --- | --- |
| **Author Name:** | |
| **Department:** | **Date:** |