# 

## APPLICATION FOR APPEAL (FORM PO2)

Complete this form and action according to the PoRP Appeals Process

|  |  |  |  |  |  |  |  |  |
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| **PART 1 PERSONAL DETAILS** | | | | | (Completed by Employee) | | | |
|  | |  | | | | | | |
| NAME: | |  | | | | | | |
| ADDRESS: | |  | | | | | | |
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|  | |  | | | | | | |
| TITLE OF POST: | |  | | | | | | |
|  | |  | | | | | | |
| NAME AND ADDRESS OF | | |  | | | | | |
| COUNCIL | | |  | | | | | |
|  | | |  | | | | | |
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|  | | | | | | | |  |
| **PART 2A REQUEST FOR CERTIFICATE OF OPINION** | | | | | | | | (Employee) |
| To be completed if you are in a **SENSITIVE** Post | | | | | | | | |
|  | | | |  | | | | |
| I REQUIRE A CERTIFICATE OF OPINION AND JOB DESCRIPTION TO ENABLE ME TO APPEAL TO THE CHIEF EXECUTIVE | | | | | | | | |
|  | | | |  | | | | |
| SIGNED: |  | | | | | DATE: |  | |
|  | | | |  | | | | |
| **PART 2B CERTIFICATE OF OPINION** | | | | | |  | | |

**ISSUED BY THE HEAD OF HR**

**To the employee of this Authority mentioned above who is included on the list restricting certain activity:**

It is my opinion that this officer should/should not be included on the list restricting public political activity by virtue of the fact that: **(TICK which applies)**

a) the officer gives regular advice to LCC

b) the officer speaks regularly on behalf of LCC

c) the officer is regularly involved in both of the above

d) the officer is not regularly involved in either of the above

A Job Description is attached making clear the extent to which over the last year the post holder has been, or in the next year it is anticipated that they will be, involved in advising or speaking on behalf of LCC

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNED: |  | DATE: |  |
|  | |  |  |

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| --- | --- | --- | --- | --- | --- |
| **PART 3 SUPPORTING INFORMATION** | | | (Employee) | | |
| PROVIDE BELOW ANY INFORMATION YOU MIGHT LIKE TO GIVE IN SUPPORT OF YOUR APPLICATION | | | | | |
| **PART 4 GENERAL** | | (Employee) | | | |
| IF YOU ARE OR ARE LIKELY TO BE INVOLVED **AS A CANDIDATE** IN A FORTHCOMING ELECTION, PLEASE GIVE THE DATE BY WHICH YOU SHOULD IDEALLY HEAR OF THE OUTCOME OF THIS APPEAL TO ENABLE YOU TO PURSUE THE ELECTION OR WITHDRAW ETC | | | | | |
|  | | | |  | |
|  | | | |  | |
| **For all posts in the Sensitive Post category this form should be signed by the Head of HR, with their CERTIFICATE OF OPINION and a JOB DESCRIPTION attached from the Head of HR making clear the extent to which the post holder is involved in advising the authority and/or speaking to the media.** | | | | | |
| I confirm that I wish you to consider my appeal against inclusion on the list restricting my public political activity. | | | | | |
| SIGNED: |  | | DATE: | |  |
|  | | | | | |

FILL THIS FORM IN ACCORDING TO THE APPEALS PROCESS AND WHEN COMPLETED SEND TO:

**The Chief Executive**

**County Offices**

**Newland**

**Lincoln**

**LN1 1YQ**