

## Reporting Form for Issues Affecting Wicklow PPN Member Groups

*This form has been developed to provide member groups with a clear and structured mechanism to raise the group's issues of concern, share information, and identify matters for possible discussion and consideration etc within the PPN.*

*The form is intended to support stronger and clearer communication between member groups and the PPN while ensuring a more transparent and consistent approach to how issues are recorded and progressed.*

*Please ensure that any submission has been discussed and agreed by your group, and that it relates to the work and remit of the PPN (include link to website). Information submitted may also be shared with PPN Representatives where relevant to their committee or board.*

**Process:** When a Reporting Form for Issues Affecting Wicklow PPN Member Groups is submitted, it will in the first instance be reviewed by the Wicklow PPN staff team. The Secretariat will be kept informed throughout and consulted where guidance or direction is required.

### Section 1: Contact Information

**Name:**

**Organisation (required):**

**PPN Registration Number (required):**

**Email:**

**Phone (optional):**

### Section 2: Area of Concern

**Which Pillar/Sector? is this relevant to?**

*(e.g., Environment, Social Inclusion, Community & Voluntary, etc.)*

**Municipal District (if applicable):**

*(e.g., Arklow, Baltinglass, Bray Greystones, Wicklow, County-wide)*

### Section 3: Issue

**Brief Description of the Issue:**

*(Please describe clearly and concisely)*

**Why is this important to your group or community?**

*(Include any relevant background or context)*

**Have you taken any steps to address this already?**

*(e.g., contacted a local representative, attended a meeting, etc.)*

**Section 4: Desired Outcome**

**How would you like to see this issue addressed?**

**Section 5: Supporting Documents (optional)**

Attach any relevant files, photos, or links.

**Consent**

We confirm that this issue has been discussed and agreed by our group. We consent to the issue being shared with the relevant PPN Representative and/or committee and, where appropriate, used to inform PPN activities.

**Signed on behalf of (group name):**

**Signatory 1**

Name:

Role in group:

Signature:

Date:

**Signatory 2**

Name:

Role in group:

Signature:

Date: