



RECOMMENDATION TO DISESTABLISH A FORUM

Name, designation and email address of the person making the recommendation:	
Date:	
Name of the Forum:	
Is an Equalities Impact Assessment attached? (NB: the RCN template will be made available to requesters)	
Does the Forum Steering Committee agree with the recommendation?	
Please explain your rationale for recommending disestablishment of the Forum.	
Check all that apply.	
The Forum Steering Committee has requested a change of status and become a network.	
There are very few or no remaining members in the Forum.	
Any of the minimum activities are not met.	
The forum could be amalgamated with another forum that has a similar specialist area of practice.	
The work of the forum no longer aligns with the RCN strategic objectives and wider mission.	
The forum puts the RCN at reputational risk.	
Any other factors you consider relevant for your recommendation to FCC. (Please explain below.)	

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Departmental sign off: Head of Nursing Practice	
Signature:	Date: