**MONTHLY REPORT**

|  |  |
| --- | --- |
| **CAN CAG CCC:** | ***(name of group)***  |
| **Date:** |  |
| **Provided by:** | DON / FM / Chairperson / Consumer Representative  |
| **For Noting by:** | **DDH Regional Consumer Consultative Committee / DDH Board / Executives** |

***All information will be collated to gain a DDH wide overview from our CANs CAGs CCCs & communities for reporting to the Board & the Executive Team***

|  |  |  |
| --- | --- | --- |
| **1.** | **Priority item / action  *(to be brought to the attention of the Board / Executive)*** | **Contact Person** |
|  | *This is a priority item discussed in local meetings for attention of the Board / Executives* |  |
| 1.1 |  |  |
| 1.2 |  |  |
| **2.** | **Matters for discussion** | **Contact Person** |
|  | *This can be any action item or local issue to be shared with Board / Executive members* |  |
| 2.1 |  |  |
| 2.2 |  |  |
| **3.** | **Matters for Noting / Information sharing** | **Contact Person** |
|  | *This can be preliminary discussions for potential projects or issues arising where solutions are sought through group discussion* |  |
| 3.1 |  |  |
| 3.2 |  |  |
| **4.** | **Other items - *i.e. local challenges / projects / initiatives*** | **Contact Person** |
| 4.1 | *these items will be mapped across the DDH to identify trends &/or deficiencies* |  |
| **5.** | **Future meeting date**  |
| 5.1 | Next meeting  | * ( *date, time, place* )

 Meeting minutes sent: Yes / No …  |

Thank you 😊

*Information collated: Y / N … Date:…………...*