Kilkenny PPN Representative Report

|  |  |  |
| --- | --- | --- |
| **Date:** | **Time:** | **Venue:** |

**Reporting Representatives Name:**

**Committee:**

**Were you in attendance at the last Committee Meeting?** Yes / No

**Did you consult with the wider PPN / Linkage Group before this meeting?** Yes / No

**Please outline the key issues discussed at the meeting:**

**Were any decisions made at the meeting?**

**Are there any actions to be taken as a result of this meeting? Who by?**

**Did you or another PPN representative make any contributions to this meeting?**

**Do you require feedback from the wider PPN Network / Linkage Group on any issues raised? (specify issue)**

**Are there any issues / difficulties for you as a representative of the PPN arising from this meeting?**

**Any other comments?**

|  |
| --- |
| **Date of next meeting:** |