**UFBA Membership Advisory Panel Consultation Review**

This form can be used to outline matters for consideration by the Membership Advisory Panel (MAP) and/or other UFBA membership group or committee. The completed form should be sent to [Memberservices@ufba.org.nz](mailto:Memberservices@ufba.org.nz)

**PART 1. Completed by the person/s (Review owner) who wants the MAP to consider a matter of importance to the wider membership– this lays out the matter to be raised and recommendations of the Review owner:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MATTER FOR REVIEW | |  | | | | | |
| **Review owner** |  | | | **Review liaison** | |  | |
| **Purpose of review** | | | | | | | |
|  | | | | | | | |
| **Detail and discussion** | | | | | | | |
|  | | | | | | | |
| Review owner’s recommendation | | | | | | | |
|  | | | | | | | |
| **Timeframe for consultation (if required)** | | | | | | | |
|  | | | | | | | |
| **Consultation questions (if required)** | | | | | | | |
|  | | | | | | | |
| **Impacted/affected** | | | | | | | |
| Individual | | | Brigade | | Specific demographic | | |
| Individuals (few/many) | | | Region | | Specific rank/role | | |
| Other Specify | | | | | | | |
| **Size or scale of issue** (‘National’ to prompt consultation outcome) | | | | | | | |
| Individual | | Local | | Regional | | | National |
| **Sensitivity of matter** | | | | | | | |
| High impact | | | Medium impact | | Low impact | | |
| **Level of information needed** | | | | | | | |
| Broad opinion | | | | Specialist advice required | | | |
| **Formality** | | | | | | | |
| Formal | | | | Informal | | | |
| **Communication channels** | | | | | | | |
| **Face to face** | | | **Digital** | | **Print** | | |
| On site presentation | | | Poll/survey | | Newsletter | | |
| Telephone call | | | Article/blog post | | Letter | | |
| Special meeting | | | Social media post | |  | | |
| Muster | | | Email | |  | | |
| Other (please specify) | | | | | | | |
| **Most appropriate audience to inform outcome/consult** | | | | | | | |
| All Members | | Board | | Past Presidents | | | LHMs |
| Brigade Reps | | CFOs/Controllers | | Tech Panel | | | Sector Partners |
| Working Party Reps | | Provincial Assoc.s | | Other (please specify) | | | |
| Approved for review by MAP Signed:  Bill Butzbach, Chief Executive | | | | Date: | | | |

**PART 2. For MAP completion** – please detail your advised actions and view of the recommendations. This may differ to that of the Review owner. Please explain your advice throughout.

|  |  |  |  |
| --- | --- | --- | --- |
| FOR REVIEW BY MAP | |  | |
| **Impacted/affected** | | | |
| Agree | | Disagree | |
| Comments: | | | |
| **Size or scale of issue** (‘National’ to prompt consultation outcome) | | | |
| Agree | Disagree | | |
| Comments: | | | |
| **Sensitivity of matter** | | | |
| Agree | Disagree | | |
| Comments: | | | |
| **Level of information needed** | | | |
| Agree | Disagree | | |
| Comments: | | | |
| **Formality** | | | |
| Agree | Disagree | | |
| Comments: | | | |
| **Communication channels** | | | |
| **Face to face** | | **Digital** | **Print** |
| Agree | Disagree | | |
| Comments: | | | |
| Agree | Disagree | | |
| Comments: | | | |
| **Most appropriate audience to inform outcome/consult** | | | |
| Agree | | Disagree | |
| Comments: | | | |
| **Final recommendation** (please provide detail below) | | | |
|  | | | |
| Signed: Date:  MAP Chair, Jason Prendergast | | | |