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| **INSERT SPEICAL COMMITTEE/ PANEL/ WORKING GROUP NAME HERE****Terms of Reference** |
| **Name:** | Insert Special Committee/ Panel / Committee Name here |
| **Authorised by:** | Write in the Committee/ Panel who endorsed the formalisation of the committee/ panel or working group. Reference the wording of the endorsement / minutes |
| **Terms of Reference effective from:** | INSTERT DATE |
| **Duration**  | The Committee/Panel / Working Group will operate for a period of [insert duration], unless extended or terminated earlier by endorsement of the (insert Committee/Panel name here) |
| **TOR Review Date:** | INSTERT DATE |
| **Objectives:** | The objectives of the Committee/ Panel/ Working Group are * Objective 1
* Objective 2
* Objective 3
* Objective 4
* Objective 5
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| **Responsibilities:** | The Committee/Panel/ Working Group will have the following responsibilities * Responsibility 1
* Responsibility 2
* Responsibility 3
* Responsibility 4
* Responsibility 5

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|  **Composition:** | The Committee/ Panel/ Working Group will consist of the following members* Role Title
* Role Title
* Role Title
* Role Title
* Role Title

Please ensure if there are ‘special guests’ that have the ability to join the meetings are outline here.  |
| **Reports to:** | Insert the name of the Committee/Panel the Committee/Panel / Working Group will report to |
| **Quorum:** | Majority  |
| **Voting arrangements:** | All members listed, excluding co-opted persons, visitors, shall be entitled to one (1) vote only on any recommendations.The chairperson shall have a casting vote where voting is equal. |
| **Meeting Schedule:** | The Committee/Panel / Working Group will meet [insert frequency of meetings] at [insert location]. Meetings will be chaired by [insert role here of chair]. Minutes of meetings will be taken by [role here of secretary |
| **Amendments:** | These terms of reference may be amended by [insert Committee / Panel with authority to amend] with the agreement of the Committee/Panel / Working Group. |
| **Signed:** | [Insert name of person with authority to approve TOR] [Insert date of approval] |