



[Name] Local Optical Committee (LOC)

NEW MEMBERS INDUCTION PACK

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www.locsu.co.uk

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Introduction

Congratulations on your appointment

You are now a member of the Committee that represents both optical contractors and performers within your LOC area. With the NHS changing constantly it is important that the LOC is seen as the focal point for community eye health services, leading discussions on related issues and negotiating for NHS community eye care services. As an LOC member, you have an important role to play in the development of local community eye health services, acting in the best interests of all the contractors and performers in your LOC area.

This induction pack for new LOC members has been provided by the LOC Support Unit (LOCSU) to assist you to become an effective LOC member and aims to:

- help you to understand the functions and duties of an LOC
- explain your role as an LOC member
- inform you of LOCSU assistance and useful contact details
- answer some of your questions

Wishing you all the best in your new role!

What is a Local Optical Committee (LOC)?

The Local Optical Committee (LOC) is the local organisation formed to represent NHS ophthalmic contractors and performers within its area.

There are around 75 LOCs in England, over 200 Clinical Commissioning Groups (CCGs), over 130 Health & Wellbeing Boards (HWBs) and 14 NHS England Regional Local Teams. Consequently, there will usually be more than one LOC relating to the same NHS England Regional Local Team, whereas each LOC will cover at least one CCG and HWB.

The LOC is an independent and representative group with statutory rights.

What is the legal status of a LOC?

The LOC is recognised and specifically referred to in NHS legislation - however it is not created by statute and is therefore not a statutory body.

The LOC is established and draws its authority from [Section 44 of the National Health Service Act 1977](#) as amended by the [Health & Social Care Act 2012 Part 6 of Schedule 4](#).

Under the Health and Social Care Act 2012, Schedule 4, NHS England assumed the statutory responsibility to formally recognise LOCs. The NHS England Regional Local Teams, as the local offices of NHS England, will undertake a process to formally recognise the LOCs to which they relate.

This recognition by NHS England gives certain rights and responsibilities to LOCs. There are also similar local representative committees for doctors (Local Medical Committees), dentists (Local Dental Committees) and pharmacists (Local Pharmaceutical Committees).

The LOC has the right to collect a statutory levy from contractors to finance the committee's work, the level of which is to be agreed at its AGM or by agreement with local contractors.

Model LOC Constitution

As a recognised representative organisation, each LOC must have a Constitution and the current LOC Model Constitution for England is set out in Appendix 3.

The LOC Constitution is the source of the LOC's powers. LOCs can only act in accordance with the powers provided in the Constitution. LOCs must properly discharge the duties and responsibilities required by the Constitution. LOCs must not exceed the powers in their Constitution and should always check that any action taken by the LOC is within the powers the Constitution provides.

It is important that all LOC members are familiar with their Constitution, which defines:

- membership of the Committee;
- procedures for nominations and elections;
- procedures for the appointment of officers and their duties;
- the quorum for meetings;
- the term of office of members;
- procedures for the disqualification and resignation of members;
- procedures for dealing with casual vacancies;
- the requirement for an annual report and AGM;
- the procedure for amendment of the Constitution;
- governance matters such as declarations of interest and confidentiality;
- the duties of the LOC;
- LOC finance.

The majority of LOCs adopt in full the Model LOC Constitution recommended by LOCSU and the Optical Confederation. A small number of LOCs have slightly different constitutions to the Model. If you have any questions for the LOCSU on your LOC Constitution please let us know.

Please seek advice from LOCSU before making any changes to the LOC constitution.

The process for changing the LOC Model Constitution is set out in **Section 16** of the Model Constitution (Appendix 3).

What are the functions of a LOC?

The specific functions of LOCs are not defined under legislation, but as the Committee representing contractors and performers within a defined area, LOCs have a general function in respect of all aspects of NHS primary care that relate to, or are relevant to, community optometrists and opticians.

There are specific issues on which LOCs must be consulted as they concern contractors i.e. the Regional Local Team or Local Eye Health Network (LEHN) would be expected to consult interested parties and the LOC would expect to be included. An example of this would be a proposal to create a community eye care service or a clinical governance matter.

An effective LOC works locally with CCGs and HWBs to influence policies and decisions and, with other healthcare professionals, to help plan healthcare services. They also discuss and negotiate community eye care services, including new roles and additional local funding for the contractors and performers they represent.

More general role of the LOC

LOCs provide advice for ophthalmic contractors and performers on a wide range of issues relating to NHS Ophthalmic Services.

In addition to statutory rights and responsibilities, LOCs have the more general role of promoting community eye care services to commissioners and public health organisations, e.g. CCGs and HWBs, and others within their area.

General issues may include: local implementation of any future new contracts for primary eye care services - such as negotiating the provision of community eye care services; establishing good relationships at a local level with CCGs and other stakeholder organisations; developing roles and services for optometrists and dispensing opticians to provide locally; ensuring there is awareness about local optometrists/opticians and their services; liaising with CCGs on specific problem areas; engaging in dialogue about CCG & NHS England Regional Local Team plans to identify issues relevant to contractors and performers.

A LOC is not a statutory body therefore it cannot hold a contract to provide services. A LOC may decide to form a single provider company to bid for and deliver community eye care services on behalf of local practices. LOCSU has registered companies limited by guarantee for all LOCs in England at Companies House and can advise on how to set up and run a single provider company. Increasingly, neighbouring LOCs have joined up to form regional provider companies.

LOCs should liaise closely with LMCs, LDCs and LPCs on matters that are common to all of the professions. LOCs should endeavour to work with GPs and other local clinicians on commissioning local services through CCGs. A good way of maintaining contact is to develop close relationships with LPCs, LDCs and LMCs.

LOCs should work with HWBs to ensure that eye health is included in the Joint Strategic Needs Assessment (JSNA) of the area. This will ensure that the CCGs develop eye health strategies and thus encourage the planning and the setting up of local eye care services to cater for local health care needs.

In 2016, 44 Sustainability and Transformation “footprint areas” were announced that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years.

Sustainability and Transformation Plans (STPs) are being developed by all 44 areas and have the potential to improve the coordination of patient care. See this blog by LOCSU’s Clinical Director www.nhsconfed.org/blog/2016/04/stps-can-help-ccgs-deliver-eye-care-at-scale.

LOC Meetings

LOCs should meet at agreed regular intervals, (usually monthly or bi-monthly) to ensure that they are able to keep abreast of issues and are able to exercise their functions properly. The majority of LOCs hold their meetings on a weekday evening, but some LOCs have full daytime meetings.

Between meetings, the Executive Officers (usually but not always Chairman, Treasurer and Secretary) will deal with issues that arise, but your LOC, as a whole, is accountable for actions taken in the name of the LOC. This means that the LOC must ensure it meets sufficiently frequently to be able to set policy, consider important issues, and steer the work of the Executive.

As a LOC member you should attend all meetings, as you are jointly accountable for the actions of the Committee. To ensure that maximum attendance is possible, the Secretary, or Administrator, should arrange and notify members of meetings well in advance.

Before each LOC meeting all members should read the agenda and minutes of the previous meeting and be prepared to contribute, so that the meeting can be carried out efficiently. It is the quality of the input that is the critical factor!

The LOC must hold an annual general meeting (AGM) to which all local contractors and those performers who have elected to be represented by your particular LOC are invited. This is an important opportunity for them to hear and comment on the activities of the LOC.

What is your role?

Your role as a committee member of the LOC is to work with your colleagues on the committee to ensure that the voice of community optometrists and opticians is heard within your LOC areas. You must ensure that the business of the LOC is conducted appropriately by its members and officers and that the duties of the LOC are carried out satisfactorily.

All LOC members should work towards fostering strong relationships with their NHS England Regional Local Teams, CCGs and HWBs.

The work of the LOC must be seen to be conducted openly and communication with all contractors in the LOC area is vital. Remember that you are recognised by the Regional Local Team, CCGs and HWBs as the body representative of optical/ophthalmic contractors and performers and you must ensure that you represent their interests properly and keep them fully informed.

Your LOC should send written reports/newsletters to its contractors and performers on a regular basis. Your LOC may prefer to communicate by means of email or via a website. (See Appendix 5 for local information).

The LOC is expected to comply with accepted **Principles of Public Life**. These should be adhered to by all bodies performing functions related to public life (in our case the NHS). They are explained in greater detail below under *Governance Issues for LOCs*.

In terms of probity, the LOC should be vigilant in all its financial dealings. The NHS England Regional Local Teams have a legitimate interest in the financial management of LOC levies, and LOCs must be satisfied that all their expenditure is defensible as being in the interest of contractors. LOC members should scrutinise the accounts and ensure they are properly maintained and audited – for further information on finance see *LOC Expenditure and Accounts*.

The LOC will also promote local eye care services and endeavour to negotiate locally funded community and other services. LOCSU provides information, guidance and training to support LOCs in this role - see *Support for LOC members*.

Competencies for Committee Members

LOC members should have a good understanding, not only of community eye care services, but also of the health needs of the local community and local and national NHS priorities, and be committed to promoting the role of contractors and performers in delivering services. LOCSU provides frequent briefings and resources for LOCs.

Other competencies that are useful include financial skills, familiarity with wider government health policy, local government, special interest groups relevant to eye care services and education, but the key requirements are an enthusiasm for eye care development, a willingness to contribute and being a team player.

Governance Issues for LOCs

It is important to remember that the LOC is a body charged with representing community optometrists and opticians in its area. LOC business has a significant effect on those it represents in terms of contractors' businesses and development opportunities. Good governance is all about making sure that appropriate rules and procedures are in place at the LOC to ensure that it is conducting itself in a proper manner.

There are a number of principles, sometimes referred to as the *Nolan principles*, which define how people in public life should conduct themselves. The following principles reflect the application of the Nolan principles to the conduct of LOC members:

- **Selflessness:** LOC members should take decisions solely in terms of the interests of all those contractors they represent and not to gain financial or material benefits for themselves, their family or their friends.
- **Integrity:** Members must not put themselves under any obligations that might influence their performance on the LOC or their ability to reflect the interests of the contractors who elected or appointed them.

- **Objectivity:** In making decisions and in carrying out the business of the LOC, members should act within the Constitution and make decisions only on merit.
- **Accountability:** LOC members are accountable for their decisions and actions to the contractors they serve and the public and must therefore submit themselves to scrutiny.
- **Openness:** Members should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions, and restrict information only where the wider public interest clearly demands this. However, in being open, LOCs must take care when dealing with confidential or sensitive information.
- **Honesty:** Members have a clear duty to declare any private interests relating to their LOC duties, and take steps to resolve any conflicts arising. A written declaration of interests, properly updated for all LOC members, should be in place and conflicts of interest at meetings should be declared and be recorded in the minutes.
- **Leadership:** Members should promote and support good governance by leadership and example.

These are amended versions of principles that apply to any individual in a public office - breach of the principles can have serious implications for both the individual and for the organisation.

Some issues to consider

If the LOC is going to be open and transparent to its contractors and performers, then consideration should be given to:

- allowing contractors and performers access to minutes of LOC meetings (subject to dealing with confidential issues);
- giving notice to contractors and performers likely to be affected by any issues to be discussed at a meeting; and
- when appropriate, consulting contractors and/or performers before a decision is taken.

There should be nothing that the LOC is discussing that you shouldn't be open with contractors or performers about, other than issues of misconduct.

Corporate responsibility means publicly standing by the decisions of the LOC. If a matter is discussed at an LOC meeting and an individual puts forward a view that is not supported by the majority in a vote after a full discussion, that individual must support the collective decision of the LOC. Any member who publicly disagrees with an LOC decision or undermines it should consider his or her position. Members wanting to speak out against an LOC decision should resign from the Committee before doing so.

Where power is delegated to individual members of the Committee to carry out a particular function, then the LOC should clearly set the boundaries of the delegated power. Individuals should be aware that they only receive their power from the LOC and cannot go beyond it.

LOCs represent all contractors and performers within their area and there should be no bias or public statements that indicate anything other than complete equity. This means that statements indicating a dislike of a particular group of contractors or performers or favouritism towards others must be ruled out completely. Failure to do so could result in action against the LOC by the aggrieved individual.

There may be occasions when you have an interest in a matter being discussed by the LOC - a conflict of interest - for example a contract with which you are involved. It is important that you declare your interest at the start of the meeting and the Chairman will take the appropriate action - this may mean that you are asked to leave the room while the item is discussed. It will also be important for the Secretary or Administrator to minute that you declared an interest and the action that was taken.

Clearly LOCs will, on occasion, receive privileged information and such information should not be used to an individual LOC member's advantage. LOCs are under a duty to respect confidential information and despite the requirement for transparency and openness, deal with confidential information in an appropriate manner.

Corporate governance is an important area; CCGs in particular have very stringent corporate governance requirements – reflecting the above principles – and there is always someone at the CCG who is responsible for governance. It would be worth making contact with the CCG to look at how their corporate governance is structured. With such pressure on CCGs to have sound corporate governance, they can be expected to ensure that those with whom they do business – such as LOCs – also have good governance procedures in place.

As a new member, your LOC may ask you to read the guidance attached to the Model Constitution and sign a declaration of interest - this is good practice and all part of a well-run LOC.

Working in Partnership

Establishment of good relationships and two-way communication links at a local level between the LOC and CCGs, other healthcare workers and organisations (primary and secondary care), other local representative committees, local contractors, MPs, patient representatives and adjacent LOCs, are essential for the efficient and effective working of an LOC.

Community optometrists and opticians need to present a united front and work towards having a substantive role in the new integrated NHS healthcare teams with LOCs as the focal point for discussions and negotiations. LOCs therefore need to work in partnership with all relevant local bodies and personnel.

LOCs should also work closely with the LOCSU and the professional bodies e.g. AOP, ABDO, FODO and the College of Optometrists.

LOC Expenditure and Accounts

As an LOC member you should have a general knowledge of your LOC's finances and annual accounts, even though they will be the prime responsibility of the LOC Treasurer. You can get advice on LOC budgets and how to manage them from LOCSU.

If the level of reserves is too high, then the LOC should consider adjusting the amount of levy collected until the reserves are back to normal. If the level of reserves is too low, then the LOC needs to consider the following measures:

- (a) review the levy income;
- (b) review the LOC expenditure; and,
- (c) if necessary, consider a levy increase.

(a) *review the levy income*

The LOC Treasurer should check the receipts from Primary Care Support England (PCSE), in particular whether the number of contractors from whom a levy has been deducted equals the number of ophthalmic contractors within the LOC area.

Any shortfall in statutory levy income is likely to be an administrative error at PCSE.

It is important that LOCs ensure that the required levy is collected from all their contractors and this does require vigilance on the part of the Treasurer.

(b) *review the LOC expenditure*

When the Treasurer presents his budget for the next financial year all LOC members have a duty to satisfy themselves that the proposed expenditure is necessarily incurred for the benefit of the LOC's contractors. These same criteria should be used to judge the actual expenditure incurred as contained within the LOC's accounts when they are regularly presented to the LOC.

(c) *levy increase*

If having reviewed the level of reserves, levy income, and LOC expenditure, funding is shown to be insufficient then the LOC will have to consider proposing an increase in their levy on contractors at the LOC AGM.

LOC Accounts

The LOC's constitution requires it to prepare annual accounts. These should be approved by the LOC after they have been inspected by a suitable person or persons and presented to the LOC at its AGM (see 13.4 of Model LOC Constitution).

A point on governance: to avoid conflict of interest the posts of Secretary and Treasurer should be held by different people.

Other Financial Matters

Allowances to LOC Members

LOCs can reimburse *bona fide* costs incurred by LOC members when attending day meetings on LOC business. In addition, LOC members may claim reasonable travelling and subsistence costs incurred in attending meetings on behalf of the LOC. Most LOCs also pay a small attendance allowance for attending LOC meetings. Where this is paid the LOC should inform the LOC member in writing that the member is responsible for any tax liability arising on the profit element within the allowance.

LOC Secretaries Salaries or Honoraria

The LOC is responsible for deduction of Income Tax and National Insurance contributions on the salary / honoraria paid to the LOC Secretary / Chief Officer or other officials, unless the LOC receives written confirmation from HM Revenue & Customs that the person is self-employed.

Mileage Rates

HM Revenue & Customs have set a maximum reimbursement rate for car mileage of 45 pence per mile in order that the payment may be free of tax. This covers up to 10,000 miles in any tax year.

If you have any queries on LOC finance, please contact LOCSU.

LOCSU Support for LOC members

LOCSU provides quality, practical support to LOCs in England to help them to develop, negotiate and implement local objectives in respect of primary eye care services. It is a key interface between the optical, representative bodies and the LOCs, facilitating robust lines of communication between the national organisations and the grass roots of the professions. Improving the degree and level of communications will help LOCs to be more effective in expanding the role of eye care professionals locally. The LOCSU Board of Directors has representation from LOCs, ABDO, AOP and FODO; in addition, an observer from the College of Optometrists attends all Board meetings.

LOCSU Website

LOCSU's website www.locsu.co.uk is a rich source of information and advice for LOC members. LOCSU has produced a number of documents which LOCs can use to help them function more effectively. These documents range from lists of CCG contacts to business case templates and are available on the LOCSU website.

LOC Website Hosting

LOCSU also provides a facility for LOCs to establish and maintain their own, bespoke websites at www.loc-net.org.uk/. Practitioners can access their LOC website to discover who their local LOC officials are, what community eye care services are operating in the area, and other local information and guidance that their LOC makes available. This is part of LOCSU's overall package of support for LOCs. It is an effective way of helping LOCs to improve communications with local practitioners, ensuring that they reach as wide a constituency as possible, including CCGs, HWBs and other relevant bodies.

Commissioning Leads

LOCSU provides comprehensive practical support for LOCs in all areas related to the commissioning of eye care services. LOCSU has an experienced team of Commissioning Leads who provide hands on support for LOCs in writing business cases, presenting to and negotiating with commissioner, writing and submitting bids for NHS tenders, and supporting the roll out of services.

LOC Primary Eyecare Companies

LOCSU has registered a company limited by guarantee for every LOC in England at Companies House to enable LOCs to bid for and deliver community eye care services on behalf of local practices. LOCSU can provide detailed advice on this for LOCs.

Atlas of Variation

LOCSU hosts a map of all community eye care services in England by LOC area. This is a very useful tool for providing evidence to local commissioners of what other areas are doing in terms of moving services to primary care.

Glossary

Clinical Commissioning Groups - Two hundred and nine Clinical Commissioning Groups (CCGs) are responsible for commissioning the majority of local healthcare services from 1 April 2013. They are intended to ensure a closer relationship between local people, commissioners and commissioning decisions.

Commissioning - In the NHS, commissioning is the term given to the process of identifying what healthcare services local people need and then arranging and buying these services from local providers. Commissioners are responsible for deciding how local healthcare budgets are used.

Commissioning Support Units - Commissioning Support Units (CSUs) provide many back-office commissioning support functions and services such as business intelligence and procurement for CCGs. Some CCGs will also call upon CSUs to provide other functions such as HR and finance.

Health and Wellbeing Boards - Health and Wellbeing Boards (HWBs) have been established to set a joint health and wellbeing strategy (JHWS) for each upper tier council area (for example county and city councils). They are designed to promote joint working and integrated services across health and social care.

Healthwatch - Local authorities will commission Healthwatch as the independent consumer champion for health and social care, gathering and promoting the views of local people. It will provide people with information and advice on local services and finding the right advocacy organisation, speaking out and getting involved.

Local Eye Health Network - Regional Local Teams have a Local Eye Health Network (LEHN) to facilitate clinical input and leadership in service improvement and commissioning at local level.

NHS England - is the national organisation with an overarching role to ensure that the NHS delivers better outcomes for patients within its available resources, and that services are commissioned in ways that support consistency in ensuring high standards of quality across the country.

Primary Care Support England (PCSE) – the Primary Care Support service being delivered by Capita for NHS England, which includes the processing of GOS claims and applications to the NHS Ophthalmic Performer List.

Regional Local Teams - NHS England Regional Local Teams act as its 'local arms' to discharge its responsibilities, including the recognition of LOCs.

Sustainability and Transformation Plans – plans being developed by local health and care leaders, organisations and communities together in 2016 to improve health, care and finances over the next five years.

Optical Bodies

Association of British Dispensing Opticians (ABDO)

ABDO is the qualifying body for Dispensing Opticians in the UK. It's FBDO qualification along with Contact Lens and Low Vision additional qualifications have been awarded level six status (BSc) by the Qualification and Curriculum Authority; and their Contact Lens (Honours) has been assessed at level seven (MSc).

ABDO provides professional liability insurance for its members along with a wide range of membership benefits. It provides for a comprehensive package of CET (Continuing Education and Training) for members to help them maintain GOC registration and it offers additional courses for those wishing to add to their specialist skills.

The Association has its own regular publication 'Dispensing Optics', holds an annual conference as well as having a regional structure which organises local events both social and educational.

To find out more to go ABDO's website: www.abdo.org.uk.

Association of Optometrists (AOP)

The AOP serves its members by:

- promoting and protecting them
- providing them with relevant services
- representing and supporting them
- enhancing their professional and business effectiveness
- expanding the role of optometry in primary and secondary eye care

The AOP's principal activities are to:

1. Represent individual optometrists, whatever their mode of practice. The Association also represents a small number of dispensing opticians.
2. Promote the professional and clinical independence of its members and the profession.
3. Encourage and assist in the development and promotion of high standards of practice.
4. Establish suitable arrangements for the defence, in disciplinary and professional matters, of all members, whether in practice as principals, assistants, employers or employees.

5. Advise on commercial, economic, legal and administrative aspects of practice.
6. Represent the interests of all of its members in negotiations for fees, other remuneration, conditions and terms of service, where appropriate.
7. Represent and promote the interests of all of its members to Parliament, Government and other institutions in the United Kingdom and the European Community.

The AOP provides a range of information and support for LOCs to help them in their work at local level - details are available on the AOP website: www.aop.org.uk.

It also has its own, regular publication: *Optometry Today*.

Federation of Ophthalmic (and Dispensing) Opticians (FODO)

The Federation of Ophthalmic and Dispensing Opticians (FODO) represents registered opticians in business. Their aim is to achieve eye health for all, delivered through world-class services, provided by regulated community-based professionals operating in a competitive environment. Wherever possible, FODO acts jointly with partner optical bodies and other stakeholders to present a united voice for eye health and the eye care sector. They are founder members of the Eye Health Alliance and supporters of Vision 2020.

FODO represents and supports members through five work programmes:

- influencing government, policy-makers and opinion formers
- articulating the views of companies, practitioners and staff
- supporting members through services and solutions
- promoting choice, quality and innovation
- delivering through partnerships

To find out more about FODO, click on their website: www.fodo.com.

The College of Optometrists

The College of Optometrists is the professional body for optometrists, supporting its members in all aspects of professional development. The College provides the [Scheme for Registration](#), [continuing professional development opportunities](#), and advice and guidance on [professional conduct and standards](#), enabling members to serve their patients well and contribute to the wellbeing of local communities.

To find out more, visit their website: <http://www.college-optometrists.org>.

Hyperlinks to the MODEL CONSTITUTION for LOCAL OPTICAL COMMITTEES

Developed by the LOC Support Unit for the NHS England with the Optical Confederation

[Link to Model Constitution](#)

[Link to Guidance for LOCs on Model Constitution](#)

[Link to Model Constitution Advice Leaflet \(awaiting update\)](#)

Appendix 4

Hyperlink to Guidance on AGMs

[Guidance to LOCs in England on the holding of AGMs under the terms of the Model Constitution](#)

Appendix 5

How to contact us [LOC to provide contact details for LOC officers, LOC website etc]

CHANGE OF CONTACT DETAILS FORM

To LOCSU, this is to advise you of the following change (please tick as appropriate):

- Change of current member/officer details (i.e. change of address etc)
- New LOC member/officer details
- Other (please state)

Date of change	
Old details	
Name	
Position (if applicable)	
Address	
Tel	
Fax	
Email	
New/amended details	
Name	
Position (if applicable)	
Address	
Tel	
Fax	
Email	
Other Information	

Specific advice from your LOC [to be completed by LOC]