

PUBLIC PETITION

(For official use only)
PUBLIC PETITION NO.

Should you wish to submit a public petition for consideration by the Petitions Committee, please refer to the guidance leaflet Petitions and E-Petitions Scheme and the Guidance Notes at the back of this form.

1. NAME OF PRINCIPAL PETITIONER

(If applicable, please specify the name of the organisation on whose behalf the petition is raised)

ADRIAN THENER

2. PETITION TITLE

SAVE ELDERLY CARE IN WOLVERHAMPTON

3. PETITION TEXT

SAVE ELDERLY CARE IN WOLVERHAMPTON

WE THE UNDERSIGNED CALL ON WOLVERHAMPTON CITY COUNCIL TO OPPOSE THE RECOMMENDATIONS MADE IN THE CABINET REPORT OF 22 JULY 2015 (BETTER CARE TECHNOLOGY AND STRENGTHENING SUPPORT AT HOME).

WE BELIEVE THE CITIZENS OF WOLVERHAMPTON VALUE THE HIGH STANDARD OF CARE CURRENTLY DELIVERED AT/FROM MERRY HILL HOUSE, NELSON MANDELA HOUSE, WODEN RESOURCE CENTRE AND BRADLEY RESOURCE CENTRE WHICH ALREADY BEST MEETS THE NEEDS OF SERVICE USERS INCLUDING, RESIDENTIAL CARE, RESPITE, REHABILITATION, CICT, HARP AND DAY CARE.

THEREFORE, WE OPPOSE ANY MOVE TO CLOSE THESE ESTABLISHMENTS AND/OR OUTSOURCE ELDERLY CARE PROVISION TO THE PRIVATE SECTOR AND CALL ON OUR ELECTED MEMBERS TO DO THE SAME.

UNISON KAISED THIS PETITION AT THE REQUEST OF OUR GINGERNED MEMBERS.

[NOT PROTECTIVELY MARKED]

6. ADMINISTRATIVE INFORMATION (NOT FOR PUBLICATION)	
Name	UNISON WOLVERHAMPTON GENERAL
Address	CIVIC CENTRE
	STPETERS SQUARE
	WOLVERMA
Telephone nos.	Home: 01902 554096. Mobile:
E-mail address	Politan. Turner @ wolve hamp
No. of petition signatures	
STATEMENT TO THE COMMITTEE:	
Should the Committee consider it necessary, in order to broaden its	
understanding of the petition, it may invite a petitioner to appear before and	
give an oral presentation and answer question. Would you wish, if invited, to	
appear?	
YES YES	NO
SIGNATURE OF PRINCIPAL PETITIONER:	
When satisfied that your petition meets all the criteria outlined in the Petitions	
and E-Petitions Scheme, the principal petitioner should sign and date below.	
Signature	
Date	
Completed forms should be returned to—	
Democratic Support Section	
Delivery Directorate	
Wolverhampton City Council	
St Peter's Square	
Wolverhampton	
WV1 1SH	
Email: democratic.support@wolverhampton.gov.uk	
Tel: 01902 550181	