**Change Request Form**

**EHM, LCS and ContrOCC**

|  |  |
| --- | --- |
| **Requestor Name:** |  |
| **Requestors Job Title and Team:** |  |
| **Date of Request:** |  |
| **Title of Request:** |  |
| **Which system does the request apply to?** |  |

**Details of Request**

***Note:*** *If any details need clarification, the System Lead(s) will contact you. If no response is received within 10 working days the request will be rejected.*

|  |  |
| --- | --- |
| **Summary of Requirement:** |  |
| **Why is the request being made (as a result of…)?** |  |
| **What are the benefits?** |  |
| **What is the Priority for this change?** | |  |  | | --- | --- | |  | Changes required that do not impact of statutory returns or performance. | |  | Statutory Returns  Improvement Plan  Inability to make a payment  Impact on Performance data | |
| **Are there any impacts on existing reporting needs or new reporting requirements?** |  |
| **How will this improve the child’s record/story?** |  |

**Head of Service - Authorisation of request**

***Note:*** *Authorisation must be completed and sent to the CPP mailbox within 10 working days, if not the request will need to be submitted again.*

|  |  |
| --- | --- |
| **Head of Service Name** |  |
| **Date of Authorisation** |  |

**Please email this completed form to** [**EHMLCSContrOCC@dudley.gov.uk**](mailto:EHMLCSContrOCC@dudley.gov.uk)

**To be completed by Systems Lead (Office only)**

**Impact Assessment:**

|  |  |
| --- | --- |
| **Time impact on resources:** |  |
| **Process Maps:** |  |
| **Training:** |  |
| **User Guides:** |  |
| **Reporting:** |  |
| **Priority:** |  |
| **ContrOCC (impact on Finance)** |  |

**Solution/Requirements**

|  |  |
| --- | --- |
| **Proposed Solution** |  |
| **Any Associated Costs** |  |
| **If Yes, Budget Code:** |  |

**User Group**

|  |  |
| --- | --- |
| **Date of User Group** |  |
| **Approved:** |  |
| **User group Discussions and comments:** |  |

**Change Management Group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Change Agreed:** |  | **Date** |  |
| **MyICT Call Ref** |  | **Date Raised/by** |  |
| **Change Ref no:** |  | **Added to Tracker** |  |

|  |  |
| --- | --- |
| **Completed by:** |  |
| **Date Completed:** |  |