**Change Control Authorisation Form**

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| **Change Request** | |
| Change Control Number |  |
| Project: |  |
| Submitted By: |  |
| Sponsor Approval: |  |
| Date: |  |

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| **General Information** | |
| Agresso Number: |  |
| Project Manager: |  |
| Project Sponsor: |  |
| Change Instigated By: |  |
| Details of Change: |  |
| Benefits of Change: |  |
| Attachments: |  |
| Project Change Tracker Updated: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Impact on Project** | | | |  |
| Change Control Amount: | |  |  | **£……………………….** |
| Funding Source: |  | | ***Contingency***  ***Identifiable Sum***  ***Budget Transfer (within project)***  ***Budget Transfer (between projects)*** | **£……………………….**  **£……………………….**  **£……………………….**  **£……………………….** |
| Contingency Analysis |  | | ***Remaining Contingency Balance (After Change)*** | **£……………………….** |
| Programme Impact: |  | | ***1.***  ***2.*** |  |
| Design/Scope Change  (No impact on budget) |  | | ***Accepted by end user(s)***  ***Achieving project benefits is at risk*** |  |
| Risks: |  | | |  |

**Approval Details**

|  |  |  |
| --- | --- | --- |
| **Project Manager** | | |
| Sign: | Print: | Date: |
| **Project Sponsor/Programme Director** | | |
| Sign: | Print: | Date: |
| Sign: | Print: | Date: |
| **Director of IT Services** | | |
| Sign: | Print: | Date: |
| **Executive Director of Information Services** | | |
| Sign: | Print: | Date: |
| **Executive Director of Finance (IT FPC)** | | |
| Sign: | Print: | Date: |

**PLEASE NOTE THAT APPROVAL MUST BE GRANTED UP TO THE DELEGATED AUTHORITY LEVEL**

**E.G IF EXECUTIVE DIRECTOR OF FINANCE APPROVAL IS SOUGHT THIS MUST BE APPROVED BY ALL PARTIES IN THE CHAIN PRIOR TO THIS APPROVAL.**