**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: |  |

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| **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**

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| **Project Manager** |
| Sign: | Print: | Date: |
| **Project Sponsor** |
| Sign: | Print: | Date: |
| **Director of Business Change** |
| Sign: | Print: | Date: |
| **Executive Director Transformation**  |
| Sign: | Print: | Date: |
| **Executive Director of Finance (IT FPC)/Transformation Board**  |
| 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.**