

**NHS Standard Contract**

**Variation agreement template**

**(full length or shorter form)**

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(please do not send variation agreements to this email address)

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**Contract/Variation Reference**: ……………………………………………………………………………

**Proposed by**: Co-ordinating Commissioner on behalf of NHS England/Co-ordinating Commissioner on behalf of the Commissioners/Provider (*delete as applicable*)

**Date of Variation Agreement**: ……………………………………………………………………………

Capitalised words and phrases in this Variation Agreement have the meanings given to them in the Contract referred to above.

1. In consideration of their respective obligations under the Contract (as varied by this Variation Agreement) the Parties have agreed the Variation [summarised] [full details of which are set out] below (*delete as applicable)*:

|  |
| --- |

1. [The Variation is reflected in [the revised Particulars bearing the contract reference and variation number set out above] [and/or] [the attached [insert title and reference of document]] and the Parties agree that the Contract is varied accordingly.] (*delete/complete as applicable*)
2. The Variation takes effect on [ ].
3. [The Co-ordinating Commissioner is authorised by all Commissioners to sign this Agreement on their behalf.] *(delete if not applicable)*

**IN WITNESS OF WHICH the Parties named below have signed this Variation Agreement on the date(s) shown below**

| **Signed by** | [INSERT CO-ORDINATING COMMISSIONER’S AUTHORISED SIGNATORY’S NAME] |
| --- | --- |
| **for and on behalf of THE CO-ORDINATING COMMISSIONER\*** | |
| **Signature** |  |
| **Title** |  |
| **Date** |  |

**[INSERT AS ABOVE FOR EACH COMMISSIONER]\***

[Subject to following any governance processes set out on the relevant Collaborative Commissioning Agreement, the Co-ordinating Commissioner may sign the locally-initiated Variation Agreement on behalf of all Commissioners. In all other circumstances, all Commissioners must sign the Variation Agreement. *Delete/complete as appropriate.]*

| **Signed by** | [INSERT AUTHORISED SIGNATORY’S NAME] |
| --- | --- |
| **for and on behalf of** | [INSERT PROVIDER’S NAME] |
| **Signature** |  |
| **Title** |  |
| **Date** |  |