**Schedule 6- Change Control Notice**

**Change Control Notice Number:**

|  |  |
| --- | --- |
| **Title of Change** |  |

|  |
| --- |
| **Change Control Notice (CCN to the following agreement):** |
| **Agreement name** | **Date of Agreement** |
|  |  |
| **Date Change Requested** | **Date CCN Raised** | **Expiry date of CCN** |
|  |  |  |

|  |
| --- |
| **Contact Information for the proposed change** |
| **Originator** | **Other Parties** |
| **Name:****Company:****Telephone:****Email:** | **Name:****Company:****Telephone:****Email:** |

|  |
| --- |
| **Clauses and Schedules affected** |
|  |

|  |
| --- |
| **Associated Change Control Notices** |
| ***CCN No.*** | ***Name of Agreement*** | ***Date of Agreement*** |
|  |  |  |

|  |
| --- |
| **Reason for change** |
|  |

|  |
| --- |
| **Description of Change** |
|  |

|  |
| --- |
| **Changes to agreement**  |
|  |

|  |
| --- |
| **Impact of change on other agreement provisions** |
|  |

|  |
| --- |
| **Timetable for implementation** |
|  |

|  |
| --- |
| **Acceptance** |
| **Signed for and on behalf of PROVIDER(S)** | **Signed:****Print name****Title:****Date:** |
| **Signed for and on behalf of NHSE** | **Signed:****Print name****Title:****Date:** |