**Schedule 6- Change Control Notice**

**Change Control Notice Number:**

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| **Title of Change** |  |

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| **Change Control Notice (CCN to the following agreement):** | | |
| **Agreement name** | | **Date of Agreement** |
|  | |  |
| **Date Change Requested** | **Date CCN Raised** | **Expiry date of CCN** |
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| **Contact Information for the proposed change** | |
| **Originator** | **Other Parties** |
| **Name:**  **Company:**  **Telephone:**  **Email:** | **Name:**  **Company:**  **Telephone:**  **Email:** |

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| **Clauses and Schedules affected** |
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| **Associated Change Control Notices** | | |
| ***CCN No.*** | ***Name of Agreement*** | ***Date of Agreement*** |
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| **Reason for change** |
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| **Description of Change** |
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| **Changes to agreement** |
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| **Impact of change on other agreement provisions** |
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| **Timetable for implementation** |
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| **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:** |