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| **Change Request Form** | | | | | |
| **Change request title:***[Change request title to be filled in by either your organisation or contractor representative]* | | | | | |
| **Project name:** *[To be filled in by either your organisation or contractor representative]* | | | | | |
| **Requestor name:** *[To be filled in by either your organisation or contractor representative]* | | | **Requestor title:** *[To be filled in by either your organisation or contractor representative]* | | |
| **Requestor organisation:** *[To be filled in by either your organisation or contractor representative]* | | | **Date of request:** *[To be filled in by either your organisation or contractor representative]* | | |
| **Change description:** *[To be filled in by either your organisation or contractor representative. Should include a detailed description on the reason for the change.]* | | | | | |
| *[Tick all that apply]* | | | | | |
| **Scope** | **Budget** | | **Resources** | | **Program** |
|  | | | | | |
| **Change Details** | | | | | |
| *[To be filled in by either your organisation or contractor representative and describe the change being requested including:*  *1) The effect of doing nothing;*  *2) Alternative solutions, systems & process;*  *3) Reason why alternatives are not acceptable;*  *4) Options available; and*  *5) Any attachments to support request eg product specification, design detail, photograph etc.]* | | | | | |
|  | | | | | |
| **Change Evaluation** | | | | | |
| *[To be filled in by either your organisation or contractor representative to outline the expected outcome of the change and the work required as a result of the change and the anticipated benefits. This should include how budget, program, resource/hours are impacted and/or benefited].* | | | | | |
| **Area of Impact** | | **Impact Description** | | | |
| **Scope** | | *[To be filled in by either your organisation or contractor representative]* | | | |
| **Program** | | *[To be filled in by either your organisation or contractor representative]* | | | |
| **Cost** | | *[To be filled in by either your organisation or contractor representative]* | | | |
| **Quality** | | *[To be filled in by either your organisation or contractor representative]* | | | |
|  | | | | | |
| **Approval Status** | | | | | |
| **Approved** | | **Rejected** | | **Cancelled** | |
| *[To be filled in by your organisation once a decision has been reached]* | | | | | |
| Additional comments:  *[To be filled in by your organisation once a decision has been reached]* | | | | | |
| Signed by: | | | Signed by: | | |
| Name: *[First Name, Last Name]* | | | Name: *[First Name, Last Name]* | | |
| Position: *[your organisation representative]* | | | Position: *[Contractor representative]* | | |