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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** [ ]  |
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| **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.]* |
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| **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]* |