

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: | Name: |
| Company: | Company: |
| Telephone: | Telephone: |
| Email: | Email: |

| 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: |