



**Contract Management Guidance – Template #10
CHANGE CONTROL FORM- Extensions – v. 5**

Contract Name:	Provision of Home Office Occupational Health	Contract Ref. No.	SB013-2 Variation 2
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<u>CLIENT CHANGE NOTICE (CCN)</u>	
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Initiated by:	REDACTED	CCN Reference:	SB013
Source of change:	REDACTED	Date CCN Raised by relevant party:	02/08/2017

STAGE 1 - CLIENT

Summary of proposals/ requirements :	<p>The current contract is due to expire on the 3rd October 2017, the Home Office wishes to input a 6 month technical extension valuing £700,000.00 ex.VAT. The Home Office are seeking approval for this technical extension to allow for the transition of TUPE and to safeguard against the tender implementation whilst and open tender using the CCS Framework RM3795 takes place.</p> <p>The original contract commenced on 13th December 2013 for a three year contract with a 1 year extension option. The additional extension was utilised and the existing contract expires on the 3rd October 2017.</p> <p>REDACTED</p> <p>There is a 30-day notice period as part of this extension, once the tender is nearing its implementation the termination period can be activated as part of the transition to the new contract.</p> <p>REDACTED</p> <p>Both the Terms and Conditions and the Scope of the required services will be changed due to service credits no longer applying as part of the 6 month extension.</p>
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	REDACTED		
Proposed payment:	In line with the Terms and Conditions of Contract		
Required delivery date, with rationale:	<i>In line with the original terms and conditions and the new proposed expiry date of 4th April 2018.</i>		
Change authorised to proceed to Stage 2 (Customer organisation representative):	REDACTED	REDACTED	14/09/17
	Signature	Print Name & Position	Date
Change authorised to proceed to Stage 2 (CCS representative)	REDACTED	REDACTED	14/09/17
	Signature	Print Name & Position	Date
<u>STAGE 2 – SUPPLIER</u>			
Comments/ caveats on requested change:			
ABORTIVE COSTS :	N/A		
Anticipated period from CCN being authorised by client to start of related provision	4 th October 2017		
Health Management Ltd confirms that the costs identified above are the agreed figures that will be payable on CCN implementation			



Signed (Supplier Representative):	REDACTED
Print Name & Position:	REDACTED
Date:	20 September 2017

<u>STAGE 3 – CLARIFICATIONS</u>		
Clarification/ queries to to supplier regarding their proposals:		Date: <input type="text"/>
Supplier response		Date: <input type="text"/>

<u>STAGE 4 - CUSTOMER CCN SIGN-OFF TO PROCEED TO IMPLEMENTATION</u>	
Variation Withdrawn	<input type="text" value="[Yes/No]"/>

By signing below, unless CCN is withdrawn, the Home Office agrees to pay the Health Management Ltd the costs detailed in Stage 2, by deadlines agreed with the supplier.

Signed (Customer Representative)	<input type="text" value="REDACTED"/>	<input type="text" value="REDACTED"/>	<input type="text" value="20/09/2017"/>
	Signature	Print Name & Position	Date



REDACTED

Signature

REDACTED

Print Name & Position

20/09/17

Date

STAGE 5 - CCN COMPLETION SIGN-OFF

I confirm that the provision required under the CCN commenced in accordance with the customer requirements and supplier proposals in this CCN.

Date provision required
under the CCN
commenced:

Date Signed
by Customer:

Signed
(**Customer
representative**):

Print Name &
Position