

Any changes to this Contract, including to the Services, shall be recorded and agreed in the Change Control Notification form detailed below:

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CCN Number:

Title of Change	Extension of contract
Service Line	
Operations Lead	
HEE originator	

Change Control Notice (CCN to the following agreement:		
Agreement name		Date of Agreement
HEE S W Dentaaid Emergency Dental Clinics		17/11/2021
Initial Contract Expiry Date	Date CCN Raised	New Expiry date with CCN
31/08/2022	06/09/2022	31/08/2023

Contact Information for the proposed change	
Originator	Other Party
Name:	Name:
Company: Health Education England	Company: Dentaaid
Telephone:	Telephone:
Email:	Email:

and Schedules affected
uses

Associated Change Control Notices		
CCN No.	Name of Agreement	Date of Agreement

Reason for change
Extension of contract due to provision of further Emergency Dental Clinics for 2022/23

Description of Change
Extension of contract from 01/09/2022 - 31/08/2023

Changes to contract charges and revised payment schedules
Additional cost of £10,000 for further emergency dental clinics

Impact of change on other agreement provisions

Pricing provisions will change and the duration of the new contract will change.

Timetable for implementation

~~Implementation from 01/09/2022.~~

Acceptance	
Signed for and on behalf of: Health Education England	Signed:  Print Name:  Title: Postgraduate Dental Dean Date: 13/09/2022
Signed for and on behalf of:	Signed:  Print Name:  Title: Finance Director Date: 13/09/2022 <u> </u>