Change Control Process

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

CCN Number:

| Title of Change | Amendment to Contract End Date |
|-----------------|--|
| Service Line | Health Education England Supported Internship (Project Choice) |
| Operations Lead | |
| HEE originator | Procurement and Contract Department |

| Change Control Notice (CCN) to the following agreement: | | |
|---|-------------------|--------------------|
| Agreeme | ent name | Date of Agreement |
| The Delivery of the Suppor (National Supported Internshi Math & English Provision | - | 06 October 2021 |
| Date Change Requested | Date CCN Raised | Expiry date of CCN |
| 01 August 2022 | 05 September 2022 | 31 July 2023 |

| Contact Information for the proposed change | | |
|---|-------------------------------------|--|
| Originator | Other Party | |
| Name: | Name: | |
| Company: Health Education England (Project Choice) | Company: City of Portsmouth College | |
| Telephone: | Telephone: | |
| Email: | Email: | |
| | | |

| Clauses and Schedules affected | |
|--------------------------------|--|
| N/A | |

| Associated Change Control Notices | | |
|-----------------------------------|-------------------|-------------------|
| CCN No. | Name of Agreement | Date of Agreement |
| DN | N/A | N/A |

| Reason for change | |
|-------------------|--|
|-------------------|--|

Renewal of contract for 2022/23 from 01 August 2022 until 31 July 2023 Extend current contract for 12 months to maintain course momentum and allow supplier to continue to meet course deliverables.

Description of Change

Amendment to contract end date.

Acceptance

| Signed for and on behalf of: | s |
|------------------------------|---|
| Health Education England | |

Signed:

Print Name:

| Changes to contract charges and revised payment schedules |
|--|
| No change to total costs. |
| |
| Monthly invoices to be submitted in line with following guidance: |
| Discourse the references instead of a DO surplus on the investor share with the |
| Please use the reference instead instead of a PO number on the invoice, along with the following address: |
| |
| HEALTH EDUCATION ENGLAND |
| EAST OF ENGLAND LETB |
| T73 PAYABLES F485 |
| PHOENIX HOUSE |
| TOPCLIFFE LANE |
| |
| WF3 1WE |
| A hard copy of the invoice to be sent to the Wakefield address above and an electronic copy sent |
| to: project.choice@hee.nhs.uk |
| |
| |
| |

Price to implement change

Please note:

Total cost in 2022/23 as stated in 2021/22 contract (£15,494.00 inclusive of VAT)

Impact of change on other agreement provisions

No Impact

Timetable for implementation With immediate effect from 01 August 2022

| Title: National College Lead – Funding & Contracts |
|--|
| Date: <u>12 September 2022</u> |

| Signed for and on behalf of: | Signed: |
|------------------------------|--------------------------------|
| | Print name: |
| | Title: Chief Operating Officer |
| | Date: 09 September 2022 |
| | |