



**REQUEST FOR CHANGE - PPM+ EPR/Digital Maturity**

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| **FOR THE REQUESTER TO COMPLETE** |
| **Requesters Name** |  |
| **Requesters Position** |  |
| **Requesters Email Address** |  |
| **Requesters Telephone Number** |  |
| **Requester Organisation/CSU** |  |
| **Date of Submission** |  |
| **Business Owner (If different from requester)** |  |
| **Required Implementation Date** |  |
| **Change Description**  |
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| **Case for Change (the Problem?)** |
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| **Driver and Benefits of the Change** |
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| **Alignment to Strategy** |
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| **Funding Source** |
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| **Consequences if the Change is not Implemented** |
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| **FOR INFORMATICS USE ONLY** |
| **Assigned RFC Ref. Number** |  |

**NOTE: PLEASE RETURN COMPLETED FORMS TO** leedsth-tr.EPR@nhs.net