

**ASC-CLD Collection Change Request Form**

The requestor should complete as much detail as possible to ensure the resulting output meets requirements. Not all sections may be relevant to the request – please fill with N/A where this is the case.

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| --- | --- | --- | --- | --- |
| Request Number: | CLD Project Team Admin Use Only | | | |
| Your Name: |  | | | |
| Email Address: |  | | | |
| Your Role: |  | | | |
| Your Organisation: |  | | | |
| Key Contacts (other than yourself) | *Please include names, roles, and email addresses* | | | |
| Please describe the change | *This can be a combination of the problem that needs solving (e.g. a new field needs creating to the CLD spec) and any impacts from not having the change (e.g. creates extra burden with it not being collected via the submission).* | | | |
| Is the change a new variable or an amendment to an existing variable? | New variable ☐ | | Amendment to existing ☐ | |
| What do you believe the priority of the change is? | High | Medium | | Low |
| Are there any implications for this change (if applicable)? | *Please describe any dependencies on another system, area, governance etc* | | | |
| Please add any other information you feel is relevant to support the request for change |  | | | |

**Please email your completed request form to:**[**agem.adultsocialcare@nhs.net**](mailto:agem.adultsocialcare@nhs.net)

A response to confirm receipt of the form will be sent within 2 working days and a request reference will be issued. Your request will be considered by the CLD Project Team and feedback will be provided by email

If you require any further information please contact us at [agem.adultsocialcare@nhs.net](mailto:agem.adultsocialcare@nhs.net).