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| --- | --- | --- | --- |
| Date: | Name of Applicant: | | |
| Application is about: | | | Existing policy/procedure □  Request for a new policy/procedure □ |
| Reason for the change or new document: | |  | |
| Suggested changes: | |  | |
| Suggested new document: | |  | |
| Please process this application for approval to ………. | | | |
| To be completed by person responsible for document management – (add title of role): | | | |
| *Comments:* | | |  |
| *Approved:* | | | yes □ no □  *reason:* |
| *Responsibility to change or develop the document:* | | |  |
| *Consultation with:* | | |  |
| *Changes have been made:* | | | yes □ no □ *reason:* |
| *Staff have been trained/informed of the new document or the changes:* | | | yes □ no □ *reason:* |
| *Policy/procedure/document index has been updated:* | | | yes □ no □ *reason:* |
| *Process completed* | | | *Date: Signature:*  *Print name:* |