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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:* |