**Change Request Form**

This form should be used by a party who wishes to raise a draft or a formal Change Proposal.

Please complete this form and submit to all relevant party.

|  |  |
| --- | --- |
| Document Control | |
| CR Type: | Standard |
| CR Status: | Draft |
| For Issue To: | Experian |
| CR Number\*: | TRAS184 |
| Date Raised: | 24/04/2019 |
| Title of Change: | Sharing of TRAS data beyond the three-year retention period |
| Is there a Contract Change Required? | No – the change is covered under a deed. |
| Impacted TRAS Contract Clause: | N/A |
| Version Number: | 0.1 |
| Attachments: | Deed. |

\* Assigned by Change Control Administrator

|  |  |
| --- | --- |
| Originator details | |
| Party Name | ElectraLink |
| Party Change Administrator: | Mark Pearce |
| Telephone number: | 020 7432 3007 |
| Email address: | mark.pearce@electralink.co.uk |

|  |  |
| --- | --- |
| CP Details | |
| SPAA and DCUSA Parties believed to be impacted: | All. |
| Summary of Change: | In order to maintain performance assurance reporting going forward it is necessary to retain TRAS data in an anonymised stated beyond the contractual three-year retention period.  The attached deed has been drafted and approved by Gowlings to manage the process of providing the anonymised data to ElectraLink.  This CCN requires agreement before April 1st to prevent any loss of data and to therefore preserve the integrity of the performance assurance data. |
| Related CRs:  Please indicate if this CP is related to or impacts any other CP already in the SPAA and DCUSA or other industry Change Process | N/A |

|  |
| --- |
| Proposed Solution: |
|  |

|  |
| --- |
| Impact Assessment |
| Please provide an Impact Assessment including details of the impact of the proposed change on the TRAS service, the Service Provider's ability to meet its other contractual obligations and any variation to the terms of the TRAS Contract that will be required in relation to (where applicable):   1. **the Service Description and the Service Levels;** 2. **the format of Recipient Data;** 3. **the Milestones and any other timetable previously agreed by the parties;** 4. **other services provided by third party contractors to the Recipients, including any changes required by the proposed change to SPAA and DCUSA's IT infrastructure;** 5. **details of Service Provider fees of implementing the proposed change;** 6. **details of the ongoing Service Provider fees required by the proposed change when implemented, including any increase or decrease in the TRAS Charges, any alteration in the resources and/or expenditure required by either party and any alteration to the working practices of either party;** 7. **a timetable for the implementation, together with any proposals for the testing of the change;** 8. **details of how the proposed change will be compliant with an applicable Change in Law;** 9. **other impacts identified by the TRAS Service Provider; and** 10. **such other information**   There is no cost or impact to the TRAS parties. The data will be securely delivered to ElectraLink and stored to preserve performance assurance reporting. |

|  |
| --- |
| Proposed Implementation Date: |
| Month: May Year: 2019  Other (please give reasons): |
| **Actual Implementation Date** |
|  |

|  |
| --- |
| Business Justification for change: |
| To make available consistent performance assurance reporting over a period exceeding that of the contractual 3 year retention period. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **CR NO.: TRAS194** | **TITLE:** | **DATE RAISED: 24/04/19** |
| **PROJECT:** | **TYPE OF CHANGE:** | **REQUIRED BY DATE:** [dd/mm/yy] |
| **KEY MILESTONE DATE:** [if any] | | |
| **DETAILED DESCRIPTION OF CONTRACT CHANGE FOR WHICH IMPACT ASSESSMENT IS BEING PREPARED AND DETAILS OF ANY RELATED CONTRACT CHANGES:** | | |
| **PROPOSED ADJUSTMENT TO THE CHARGES RESULTING FROM THE CONTRACT CHANGE:** | | |
| **DETAILS OF PROPOSED ONE-OFF ADDITIONAL CHARGES AND MEANS FOR DETERMINING THESE (E.G. FIXED PRICE OR COST-PLUS BASIS):** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNED ON BEHALF OF DCUSA | | SIGNED ON BEHALF OF SPAA | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Date: |  | Date: |  |
|  | | | |
|  | | | |
| **SIGNED ON BEHALF OF SERVICE PROVIDER** | |
| Signature: |  |
| Name: |  |
| Position: |  |
| Date: |  |