

## Change Request Form: LS/CMI

Where possible, change request forms should be completed/ submitted by an LS/CMI Mentor. Please complete this form as fully as possible as this will greatly assist its progress. Refer to separate guidance notes if required.

Originator			
<b>Name:</b>	Joe Bloggs		
<b>Job title:</b>	Senior Practitioner		
<b>Location (select one):</b>	<input checked="" type="checkbox"/> Community based social work service	<input type="checkbox"/> Prison based social work service	<input type="checkbox"/> Other (specify):
<b>Name of local authority/ prison:</b>	Stirling		
<b>Telephone No:</b>	0123 456 7789		
<b>Email:</b>	j.bloggs@stirling.gcsx.gov.uk		

Change Request Details			
<b>Change Category:</b>	Specify where or what requires change (e.g Offender History Offence Types/ Case Management Plan guidance/ Discharge Summary options/ System Report filters etc). System Report Filters		
<b>Detail:</b>	Provide a description of the change and why the change is required. Would like to include a filter within the system report for assessment reason which is a column currently in the system report. This would be useful within my local authority as we would like to monitor whether workers are updating the reason for assessment following the completion of a court report into supervision. This would also provide an easy way for us to monitor the frequency of court reports vs. supervision assessments we currently have.		
<b>Impact:</b>	What would be the impact should this change <u>not</u> take place and/ or any workaround currently in place. This would be a desirable change to the system for our local authority based on the quality assurance checks we currently undertake however the impact of not having this is minimal to the service. Currently we are having to filter within the excel spread sheet once it has been downloaded and then count the frequency of each from this.		
<b>Priority:</b>	<input type="checkbox"/> Essential	<input type="checkbox"/> Important	<input checked="" type="checkbox"/> Optional/Non urgent
<b>Date of change request:</b>	11/04/2018		

Please return completed forms to the LS/CMI Change Manager

Working Group Decision			
<b>Decision:</b>	<input type="checkbox"/> Approve request	<input type="checkbox"/> Decline request	
<b>Rationale:</b>			
<b>Priority (if approved):</b>	<input type="checkbox"/> Essential	<input type="checkbox"/> Important	<input type="checkbox"/> Optional/ non-urgent
<b>If approved, will this change also impact on any of the following (check all that apply)</b>	<input type="checkbox"/> LS/CMI system <input type="checkbox"/> Training materials <input type="checkbox"/> Paper forms <input type="checkbox"/> Scoring Guide <input type="checkbox"/> Other, specify: _____  Notes:		
<b>Date:</b>			

System Change Control Forum Decision			
<b>Decision:</b>	<input type="checkbox"/> Approve request	<input type="checkbox"/> Decline request	
<b>Rationale:</b>			
<b>Priority (if approved):</b>	<input type="checkbox"/> Essential	<input type="checkbox"/> Important	<input type="checkbox"/> Optional/ non-urgent
<b>Date:</b>			