|  |  |
| --- | --- |
| Date: Click here to enter a date. | Name of Applicant: Click here to enter text. |
| Application is about:  | Choose an item.  |
| Reason for the change or new document: |  |
| Suggested changes: |  |
| Suggested new document: |  |
| Please process this application for approval to Click here to enter text. |
| To be completed by person responsible for document management – (add title of role): Click here to enter text. |
| *Comments:* |  |
| *Approved:* | Choose an item. *reason:* Click here to enter text. |
| *Responsibility to change or develop the document:* |  |
| *Consultation with:* |  |
| *Changes have been made:*  | Choose an item. *reason:* Click here to enter text. |
| *Staff have been trained/informed of the new document or the changes:* | Choose an item. *reason:*Click here to enter text. |
| *Policy/procedure/document index has been updated:* | Choose an item. *reason:*Click here to enter text. |
| *Process completed* | *Date:* Click here to enter a date. *Print name:*Click here to enter text.*Signature:* |