change proposal form (COPY)

PLEASE NOTE: THIS IS A COPY FOR INFORMATION ONLY. tO SUBMIT A CHANGE PROPOSAL PLEASE USE THE ONLINE FORM ON THE REC PORTAL.

1. PERSONAL DETAILS

|  |  |
| --- | --- |
| **PROPOSER NAME** *(Mandatory)* |  |
| **COMPANY***(Optional)* |  |
| **COMPANY TYPE***(Optional)* | Choose an item |
| **TELEPHONE NUMBER***(Optional)* |  |
| **EMAIL ADDRESS***(Mandatory)* |  |

1. CHANGE PROPOSAL summary

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| **CHANGE PROPOSAL TITLE***(Mandatory)* |  |
| **WHAT IS THE ISSUE YOU ARE SEEKING TO SOLVE?***(Mandatory)* |  |
| **WHAT IMPACT IS THIS HAVING?***(Mandatory)* |  |
| **WHAT OUTCOMES DO YOU CONSIDER ARE NEEDED TO ACHIEVE AN EFFECTIVE SOLUTION?***(Mandatory)* |  |
| **IS THERE ANY BACKGROUND INFORMATION OR CONTEXT TO THE CHANGE PROPOSAL THAT WOULD BE USEFUL?***(Optional)* |  |

1. Consumer impacts

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| **WHICH CONSUMER TYPES WILL BE IMPACTED BY THIS CHANGE PROPOSAL?** *(Mandatory)* | [ ]  Electricity [ ]  Gas[ ]  Domestic Prepayment[ ]  Domestic Credit[ ]  Microbusiness[ ]  Small and Medium Enterprise (SME)[ ]  Industrial and Commercial (I&C)[ ]  Other (please specify in the Additional information box below) |
| **WHAT IMPACT WILL THIS CHANGE PROPOSAL HAVE FOR THESE CONSUMERS?***(Mandatory)* | [ ]  Switching experience[ ]  Billing accuracy[ ]  Trust and confidence[ ]  Safety[ ]  Security of supply[ ]  Ability to pay[ ]  On site experience[ ]  Other (please provide details in the Additional information box below) |
| **ADDITIONAL INFORMATION***(Optional)* |  |

1. code impacts

**Does this Issue relate to or impact:**

|  |  |
| --- | --- |
| **THE REC OR REC SCHEDULES?** *(Optional)* | [ ]  Main Body[ ]  Interpretations and Definitions Schedule[ ]  Transition Schedule[ ]  Accession Agreement[ ]  Company Governance Schedule[ ]  Change Management Schedule[ ]  Performance Assurance Schedule[ ]  Qualification and Maintenance Schedule[ ]  Market Exit Schedule[ ]  Charging Methodology Schedule[ ]  Prepayment Arrangements Schedule[ ]  Central Switching Service Schedule[ ]  Data Access Schedule[ ]  Energy Theft Reduction Schedule[ ]  Transfer of Consumer Data Schedule[ ]  Metering Operations Schedule[ ]  Metering Accreditation Schedule[ ]  Smart Meter Installation Schedule[ ]  Secure Data Exchange Schedule[ ]  Green Deal Arrangements Schedule[ ]  Registration Services Schedule[ ]  Related Metering Points Schedule[ ]  Address Management Schedule[ ]  Switching Data Management Schedule[ ]  RMP Lifecycle Schedule[ ]  Switching Service Management Schedule[ ]  Resolution of Consumer Facing Switching and Billing Issues Schedule[ ]  SPAA Transition Schedule[ ]  MRA Transition Schedule[ ]  Unbilled Energy Code of Practice[ ]  Gas Metering Code of Practice[ ]  MOCoPA[ ]  ASPCoP[ ]  Change Panel Terms of Reference[ ]  Performance Assurance Board Terms of Reference |
| **ADDITIONAL INFORMATION***(Optional)* |  |

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| **THE DATA SPECIFICATION?** *(Optional)* | [ ]  Data Item Catalogue[ ]  Market Message Catalogue[ ]  Data Access Matrix[ ]  Standards Definition |
| **ADDITIONAL INFORMATION***(Optional)* |  |

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| **CENTRAL SYSTEMS OR REC SERVICES?** *(Optional)* | [ ]  Electricity Enquiry Service [ ]  Central Data Service Provider Further Services [ ]  Secure Data Exchange Service [ ]  Green Deal Central Charging Database[ ]  Central Switching Service (CSS)[ ]  CSS Certificate Authority [ ]  Switching Operator [ ]  Gas Retail Data Service [ ]  Electricity Retail Data Service [ ]  Gas Enquiry Service [ ]  Energy Theft Tip Off Service (ETTOS) |
| **ADDITIONAL INFORMATION***(Optional)* |  |

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| **REC PARTIES AND/OR MARKET PARTICIPANTS?** *(Optional)* | [ ]  Energy Suppliers[ ]  Distribution Network Operators[ ]  Gas Transporters[ ]  Metering Equipment Managers[ ]  DCC[ ]  Shippers[ ]  Data Collectors[ ]  Data Aggregators[ ]  Green Deal Providers[ ]  Green Deal Finance Parties[ ]  Meter Asset Providers [ ]  AMR Service Providers[ ]  EES Users[ ]  GES Users[ ]  GDCC Users[ ]  Other (please provide details in the Additional Information box) |
| **ADDITIONAL INFORMATION***(Optional)* |  |

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| --- | --- |
| **OTHER INDUSTRY CODES?** *(Optional)* | [ ]  BSC[ ]  DCUSA[ ]  SEC[ ]  UNC[ ]  IGT UNC |
| **ADDITIONAL INFORMATION***(Optional)* |  |

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| --- | --- |
| **DOES THIS CHANGE PROPOSAL IMPACT A SIGNIFICANT CODE REVIEW?***(Optional)* | Choose an item |
| **ADDITIONAL INFORMATION***(Optional)* |  |

1. change progression

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| --- | --- |
| **Do you believe this Change Proposal meets the criteria for ‘Urgency’ and should be progressed under an urgent timetable?** **If so, please PRovide justification?** *(Optional)* |  |
| **Are there any required timescales for the development or implementation of this Change Proposal?***(Optional)* |  |
| **Are you aware of any dependencies associated with the Change Proposal which may impact its priority or progression timetable?***(Optional)* |  |
| **Does this Change Proposal relate to an existing or previous Change Proposal?***(Optional)* |  |

1. ATTACHMENTS

|  |  |
| --- | --- |
| **ATTACH/PROVIDE ANY SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THE FORM** |  |