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:**

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| --- | --- |
| **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

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