

BT PROGRAMME CHANGE REQUEST

Business Transformation

BTPCR ID #	BTPCR-XXX	DATE PCR RAISED IN JIRA	XX/XX/XXXX
PCR TITLE			
PCR OWNER			
REPORTER		ASSIGNEE	
DESIGN DECISION	Please provide reference here to the design decision from which this change originates (if applicable)		
PCR LINKS	Please provide links here to supporting details (as available)		

PCR DESCRIPTION	Provide details of the change – What, Why, When and How? What is the risk of not doing it? Assess and detail the impact/s of the change in the sections below.

CONSULTED - List the people that have been consulted regarding this change

Name	Role	Comment / Note
	Architecture & Design Team	Please note if it's: Heritage, START, Digital, Reporting, etc
	Build/Development Team	
	Testing Team	
	Training Team	
	Change & Comm's Team	
	Finance Team	
	Other	

Section A: INITIAL ASSESSMENT [for initial submission]

PCR IMPACT	3 - Low	PCR PRIORITY:	3 - Low
IMPACT IF NOT APPROVED:			

IMPACT ON SCOPE?	Impact: None
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If yes, details must be captured in the BT Scope in JIRA
 Please add JIRA **SCP #** here
 Please link the PCR in the JIRA Scope item

IMPACT TO DELIVERABLE/s?	Impact: None
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If yes, please provide details in the table provided in section B.

IMPACT ON RESOURCES?	Impact: None
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If yes, please provide details in the table provided in section B of the additional resources required.

IMPACT ON SCHEDULE?	Impact: None
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If yes, please provide details in the table provided in section B.

IMPACT ON BUDGET?	Impact: None
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If yes, please complete the table provided in section B and copy TOTAL COST back here once completed.

Section B: DETAILED INFORMATION [complete AFTER initial assessment]

SCHEDULE IMPACT			
Activity or Task	Start Date	End Date	Reason for the change
	dd/mm/yyyy	dd/mm/yyyy	Please note if it's a new task or a change to existing.

RESOURCES REQUIRED				
Function	Role/Type	Number of	Working Days required	Total Days
General	e.g. Project manager or workstream lead or coordinator			
	e.g. Coordinator			
Design	e.g. Architect			
	e.g. Business Analyst			
Build	e.g. Business Analyst			
	e.g. Developer and/or Build Lead, etc.			
Test	e.g. Test Analyst and/or Test Co-Ordinator and/or Test Lead, etc.			
	<i>This would be derived from # of test scenario required</i>			
<i>Add as needed</i>				
TOTAL:				

DELIVERABLE/s IMPACTED - Impact on the **current baselined** Deliverables

Change	Current	Change Requested
Deliverable ID <i>(leave blank if new)</i>	DXXXX	n/a
Deliverable Title		
Start Date	Insert Baselined date	Insert proposed new start date
Finish Date	Insert Baselined date	Insert proposed new end date
Responsible Person		
Accountable Person		
Consulted Persons		
Informed Persons		

BUDGET/COST IMPACT - Please consult with Performance & Finance and provide a confirmation email

Expenditure Type	Approved Baseline	Estimate at Completion	Additional Budget Requested
OPERATING COSTS			
Resourcing <i>(copy from resource table)</i>	\$0	\$0	\$0
Expenses	\$0	\$0	\$0
Software	\$0	\$0	\$0
Hardware	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0
OPEX Costs - Total	\$0	\$0	\$0

CAPITAL EXPENDITURE COSTS			
Resourcing <i>(copy from resource table)</i>	\$0	\$0	\$0
Expenses	\$0	\$0	\$0
Software	\$0	\$0	\$0
Hardware	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0
CAPEX Costs - Total	\$0	\$0	\$0

<i>*Add further breakdown as required</i>	Approved Baseline	Estimate at Completion	Additional Budget Requested
TOTAL OPEX	\$0	\$0	\$0
TOTAL CAPEX	\$0	\$0	\$0

WORKSTREAM REQUESTER PRE-APPROVAL CHECKLIST **COMPLETED BEFORE PMO SUBMISSION**

Action	Complete Y/N
Performance Facilities & Finance has reviewed, and email confirmation included in JIRA commentary.	
PCR lists individuals consulted and supporting emails included in JIRA commentary.	
Additional supporting material embedded in PCR (i.e., KDDs, Emails, and Minutes).	

SUPPORTING MATERIAL

Insert links to supporting information i.e., BFD, Design Decision reference #, minutes of meetings, emails, issues, risks, etc.

Section C: RECOMMENDATION TO PROCEED WITH PCR (email recommendation will suffice)

Name	Position	Signature	Date
Insert Name	Responsible Person		
Insert Name	Accountable Person (PCR Owner)		
Brad Diamond	BT PMO Manager		

Section D: APPROVAL [managed by the PMO] (email approval will suffice)

- (1) I approve for this financial impact to be incurred within existing funding, and the pressure to be managed within the under and overs across the BT Programme. **YES / NO**
- OR -**
- (2) I approve for this financial impact to be escalated to PGC / IB to seek approval to draw required funding from the BT Programme contingency. **YES / NO**

_____ **Date** _____ **Deputy Commissioner Transformation**

Please note that in the case of soft copies of this PCR document, email recommendations and approval will be required. Recommendations and approval emails will be attached to the PCR document by the PCR Administrator. In the case of a hard copy recommendations and approval, a pdf version of the document will be attached to the JIRA PCR ticket by the PCR Administrator and the physical document archived by the BT-PMO.