**APPENDIX 4 – AMENDMENT TO POLICY REQUEST FORM**

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| **Name of document:** |  |
| **Review date of document:** |  |
| **Name & title of individual reviewing / amending document:**  |  |
| **Areas of amendments:** | *E.g. Sections 5.2, 7.0* |
| **Summary of changes:** |  |
| **Policy and / or procedure is suitable to be uploaded to the Trust’s public-facing website. (Content does not risk the safety of patients or the public)**  | *(Please state Yes or No)* |
| **Review date extended to:** | *(Please state N/A if an extension was not required)* |
| **Reasons for extension of review date:** | *(Please state N/A if an extension was not required)* |
| **Name of Document Sponsor authorising changes:** | **Position** | **Signature:** | **Date:** |
|  |  |  |  |
| **Authorised by:** |  | **Signature:** | **Date:** |
| Sally Brook Shanahan | Director of Corporate Affairs |  |  |