

CP Form

Change Proposal – F40/01	CP No: 953 Version No:
Title <i>(mandatory by originator)</i> <i>Control over affirmation of metering system details (D0052)</i>	
Description of Problem/Issue <i>(mandatory by originator)</i> <i>D0052 is critical flow for ensuring correct settlements, "new connections" & changes to standing data, eg "annual recalculation of PC" as required under (BSCP 516).</i> <i>Currently there is no reject flow sent to the originator if the NHHDC agent cannot load the data. The manual return process i.e. e-mail or fax is problematic for both parties to segment & return to its original source.</i>	
Proposed Solution(s) <i>(mandatory by originator)</i> <i>Proposed new flow that will be initiated by the NHHDC & returned to Supplier via the DTN, thus ensuring its return to source for correction.</i> <i>There will need to be error codes defined corresponding to the data items within the original flow that can lead the Supplier to the data item requiring correction.</i>	
Justification for Change <i>(mandatory by originator)</i> <i>Settlements accuracy</i> <i>Identified audit trail</i> <i>Universal process & practice</i>	

Change Proposal – F40/01	CP No: 953 <i>Version No:</i>
Configurable Items Potentially Affected by Proposed Solution(s) <i>(optional by Originator)</i>	
Impact on Core Industry Documents <i>(optional by originator)</i>	
Related Changes and/or Projects <i>(mandatory by BSSCo)</i>	
Requested Implementation Date <i>(mandatory by originator)</i> 1 st January 2004 Reason: <i>Allows reasonable consultation process & management of system change process</i>	
Agreed Release/Implementation Date <i>(mandatory by BSSCo)</i>	

Change Proposal – F40/01	CP No: 953 <i>Version No:</i>
<i>Originator's Details:</i> <i>BCA Name</i> <i>Organisation...Powergen</i> <i>Email Address</i> <i>Date 16/4/03</i>	
Attachments: Y/N* (If Yes, No. of Pages attached:.....) <i>(delete as appropriate)</i>	

CP Form Guidelines

These guidelines are to be used to assist in the completion of the CP Form, given in Appendix 4.2. The guidelines state who should complete each item on the form and whether it is mandatory or optional. They also give a brief description of the information that should be given for each item. For further guidance please contact your BCA/PACA..

- **Title** – mandatory completion by originator – title of Change Proposal.
- **CP No.** – mandatory completion by BSCCo – unique number allocated for each individual CP in the Change Management System.
- **Version No.** – mandatory completion by originator – when first submitted by the originator, the CP should have a version number of v0.1. Following discussions with BSCCo, any changes required following those discussions, the CP should be updated to v1.0. Should any further amendments/additions/deletions be required to the CP during its lifecycle, the version number should be updated to v2.0, v3.0, etc.
- **Description of Problem/Issues** - mandatory completion by originator - a statement of the issue/problem.
- **Proposed Solution(s)** – mandatory completion by originator – brief description of all possible solutions to the issue/problem, indicating any preferences and the reasons for these.
- **Justification for Change** – mandatory completion by originator – details of the business case for implementing the proposed change. This section should also include a brief risk assessment of the problem/issue, associated with leaving it unresolved, in terms of materiality and probability of occurrence.
- **Impact on Configurable Items** – optional completion by originator - a list of all Configurable Items potentially affected by proposed solution(s). Brief details of how each Configurable Item will be affected should be included, if known.
- **Impact on Core Industry Documents** – optional completion by originator – list of all documents potentially affected by proposed solution(s). Brief details of how each document will be affected should also be included, if known.
- **Requested Implementation Date and Associated Reasons** – mandatory by originator – identification of any critical milestone date(s) which need to be considered when generating possible solutions, with reasons for these. If change can be implemented at any time ie with no time constraints, this should be stated.
- **Agreed Release/Implementation Date** – mandatory by BSCCo – Release and associated date on which CP will be implemented, in accordance with the agreed Release

Strategy. This timescale should reflect the information provided by the originator in the Requested Implementation Date field above.

- **Originator's Details** – mandatory by Originator – the name, organisation, and email address of the originator and the date on which the originator raised the CP.

AR Form

Amendment Record Form (F40/02)	AR No:
Title:	
Item Affected:	
Change Details:	
Project/Release:	
Originating Proposal:	
Modification/Change (delete as appropriate)	
Proposal No:	
Title:	
Raised by:	
Attachments Y/N:	

AR Form Guidelines

An AR form is required for each Configuration Item that will require amendment to implement a Change or Modification Proposal.

AR forms will always be completed by BSCCo, regardless of the originator of the Change or Modification Proposal.

- **AR No:** unique number allocated for each individual AR in the Change Management System.
- **Title:** title of Amendment Record.
- **Item Affected:** the name of the Configuration Item to be amended.
- **Change Details:** a detailed description of the required change to the specific Configuration Item.
- **Project/Release:** the name of the Project/Release that will deliver the Change or Modification Proposal.
- **Originating Proposal:** details of whether the AR originator from a Modification or Change Proposal, the unique number assigned to that proposal, its title and which organisation it was raised by.

IA Form

Impact Assessment Form (F40/03)	
Proposal No.	
Synopsis of Change	
Proposed Release and/or Implementation Date	

Proposed Change: Please tick where appropriate			
Agree Change		Comments	
Disagree Change		Reason	
Neutral		Comments	
Not Applicable		Reason	

Impact on Organisation's Systems and/or Processes: Please tick where appropriate

Yes		Comments	
No		Comments	

Implementation Notification Required:

No. of Days		Comments	
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Other Comments:

Name:

Organisation:

BCA/PACA:

(delete as appropriate)

Email Address:

Phone No:

Please return completed form to Email Address: ccc@elexon.co.uk.

IA Form Guidelines

These guidelines are to be used to aid in the completion of the Impact Assessment form in Appendix 4.5.

- **Proposal No:** - (to be completed by BSCCo prior to distribution of IA request) – the unique Change Proposal number allocated to each proposal.
- **Synopsis of Change:** (to be completed by BSCCo prior to distribution of IA request) - brief summary of problem and proposed changes required to implement it.
- **Proposed Release and/or Implementation Date:** (to be completed by BSCCo prior to distribution of IA request) – target implementation timescale for Proposal, should it be approved.
- **Proposed Change:** (to be completed by BCA/PACA organisation) – tick boxes to state whether an organisation agrees, disagrees, is neutral or has no interest with the proposed change. If the organisation disagrees, a reason for the disagreement must be given.

Impact on Organisation's Systems and/or Processes (to be completed by BCA/PACA organisation) – tick boxes to indicate whether the proposed change will impact on a BCA/PACA organisation. If implementation of the proposed change will trigger the need for Re-certification within a Party Agent organisation, this should be stated. If disagree or not applicable is ticked please state the reason for this.

- **Implementation Notification Required:** (to be completed by BCA/PACA organisation) – the notification period required by each BCA/PACA organisation prior to implementation of the proposal to allow them to make the associated internal changes.
- **Other Comments:** an optional field in which any comments, relevant to the proposed change, may be added.

BCA Registration Form

<h2 style="margin: 0;">BCA Registration Form - F40/04</h2>														
<p>Part A - Categorisation</p> <table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input type="checkbox"/> Generator</td><td style="width: 33%;"><input type="checkbox"/> Core Industry Document Owner</td><td style="width: 33%;"><input type="checkbox"/> Non-Physical Trading Party</td></tr><tr><td><input type="checkbox"/> Supplier</td><td><input type="checkbox"/> BSC Agent</td><td><input type="checkbox"/> MRASCo</td></tr><tr><td><input type="checkbox"/> SESL</td><td><input type="checkbox"/> BSC Auditor</td><td><input type="checkbox"/> Interconnector User</td></tr><tr><td><input type="checkbox"/> Transmission Company</td><td><input type="checkbox"/> Distribution Business</td><td><input type="checkbox"/> Other</td></tr></table>			<input type="checkbox"/> Generator	<input type="checkbox"/> Core Industry Document Owner	<input type="checkbox"/> Non-Physical Trading Party	<input type="checkbox"/> Supplier	<input type="checkbox"/> BSC Agent	<input type="checkbox"/> MRASCo	<input type="checkbox"/> SESL	<input type="checkbox"/> BSC Auditor	<input type="checkbox"/> Interconnector User	<input type="checkbox"/> Transmission Company	<input type="checkbox"/> Distribution Business	<input type="checkbox"/> Other
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<input type="checkbox"/> SESL	<input type="checkbox"/> BSC Auditor	<input type="checkbox"/> Interconnector User												
<input type="checkbox"/> Transmission Company	<input type="checkbox"/> Distribution Business	<input type="checkbox"/> Other												
<p>Part B - Nominated BCA Details (completed by applicant)</p> <p>Name</p> <p>.....Organisation.....Position.....</p> <p>.....</p>														
<p>Part C - Authorisation (completed by Senior Manager in applicant Organisation)</p> <p>Name.....Organisation.....</p> <p>.....</p> <p>Telephone Number.....Fax</p> <p>Number.....</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>														

BCA Registration Form Guidelines

These guidelines are to be used to assist in the completion of the BCA Registration Form, given in Appendix 4.4. The guidelines state who should complete each item on the form and whether it is mandatory or optional. They also give a brief description of the information that should be given for each item. For further guidance please contact BSCCo.

- Categorisation – mandatory completion by applicant - tick all of the categories of Qualifying Organisations that the BCA will be representing. Note that this may be more than one, e.g., an individual acting as the BCA for an organisation that is both a Supplier and Generator Party.
- Specify qualifying date from which category applies - completion by applicant where applicable - the date on which the BCA appointment is to take place. Where this is not completed, it is assumed that the BCA details will apply from the date the form is received by BSCCo.
- Nominated BCA Details - mandatory completion by applicant - name, qualifying organisation, email address, telephone and fax number to allow circulation of change issues from the qualifying date.
- Authorisation - mandatory completion by a senior manager in qualifying organisation - name, qualifying organisation, position, telephone and fax number.
NB: To submit a BCA Registration form via email, BSCCo require it to be sent from the named user account of the Senior Manager providing authorisation.

PACA Registration Form

PACA Registration Form - F40/05

Part A - Categorisation (completed by Applicant)

Please tick one of the categorisations of Supplier Agents below:

- | | | |
|--------------------------------|---------------------------------|---|
| <input type="checkbox"/> HHDC | <input type="checkbox"/> NHHDA | <input type="checkbox"/> PRS Provider |
| <input type="checkbox"/> NHHDC | <input type="checkbox"/> HHMOA | <input type="checkbox"/> Meter |
| <input type="checkbox"/> HHDA | <input type="checkbox"/> NHHMOA | <input type="checkbox"/> Data Transfer Service Provider |

Part B - Details of Nominated PACA (completed by Applicant)

Name Organisation.....

Telephone Number..... Number..... Fax Number.....

Part C - Authoriser Details (completed by Senior Manager of Applicant Organisation)

Name..... Organisation..... Position.....

Telephone Number..... Fax Number.....

PACA Registration Form Guidelines

These guidelines are to be used to assist in the completion of the PACA Registration Form, given in Appendix 4.6. The guidelines state who should complete each item on the form and whether it is mandatory or optional. They also give a brief description of the information that should be given for each item. For further guidance please contact BSCCo.

- Categorisation – mandatory completion by applicant. Tick all of the categories of Party Agents that the PACA will be representing. Note that an organisation may choose to have only one PACA to cover all of the agency services that it provides or is planning to provide. Conversely it may choose to have a separate PACA for any combination of these.
- Specify qualifying date from which category applies - completion by applicant where applicable - the date on which the PACA appointment is to take place. Where this is not completed, it is assumed that the PACA details will apply from the date on which the form is received by BSCCo.
- Nominated PACA Details - mandatory completion by applicant - name, organisation, telephone and fax number and email address to allow circulation of change issues.
- Authorisation - mandatory completion by a Senior Manager in Party Agent organisation - name, qualifying organisation, position, telephone and fax number.
NB: To submit a PACA Registration Form via email, BSCCo require it to be sent from the named user account of the Senior Manager providing authorisation.