Regional Shared Care

New Work Service Request Form

# Requestor Details

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| **Name of Requestor:** |  |
| **DHB / Customer:** |  |
| **Financial Approver:** |  |
| **Shared Care Steering Rep:** |  |
| **CareConnect Steering Rep:** |  |

# Problem Statement

*Provide a problem statement*

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# Request Description

*Provide a description of the request being made*

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# Details of request

*This can include any forms of information to explain the request being made. This can include screen shots marked with requested changes, data attributes required for the extract or report, examples of the output required, etc.*

*Please Note: Information provided here will make up the SOW content, any deviation may not be actioned as part of the development cycle so a level of detail appropriate to the request is required.*

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# Business Requirements

*Remove the non-applicable.*

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| **Priority** |  | **Description** |
| Mandatory | M | Mandatory requirements are applied to requirements where the project would be stopped if they could not be delivered. |
| High | H | Highly Desirable. There will be significant impact to the business if these requirements are not delivered. |
| Desirable | D | Important. There will be a moderate impact to the business if these requirements are not delivered. |
| Optional | O | Nice to have features. There will be a low impact if these requirements are not delivered. |

# Criticality of Request

*Remove the non-applicable.*

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| **Risk level** | Clinical Risk/Business Risk/Improved Usability/Service Improvement |

# Approval for further Investigation

*(e.g. Shared Steering group)*

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| **Endorsed Date/By** |  |