**Existing Scheme Variation Form**

This form is to be completed by the Framework Provider to inform the Council of any proposed changes to an existing Scheme on the Supported Living Framework. This includes any of the information provided to the Council at the time of tender, and on any vacancies that may become available in a Scheme.

Completion and issue of this will allow the Council to update the High Level Matching Tool to ensure that any voids are being matched to suitable Adults.

Please provide details of the Scheme to which the amendments are proposed:

|  |  |
| --- | --- |
| **Scheme Address:** |  |
| **Postcode:** |  |
| **Provider:** |  |

Please indicate the change proposed to be made by ticking next to the relevant box(es):

|  |
| --- |
| **Primary Specialism** |[ ]
| **Property Type** |[ ]
| **Self Contained or Shared** |[ ]
| **Wheelchair Access?** |[ ]
| **Night Support** |[ ]
| **Complexity** |[ ]
| **Shared Hours** |[ ]
| **Vacancies** |[ ]

Please detail the change proposed including information on what the current information is and what it should be changed to (leave blank where no changes are proposed):

|  |  |  |
| --- | --- | --- |
| **Change** | **From** | **To** |
| **Property Type** | Choose an item. | Choose an item. |
| **Self Contained or Shared** | Choose an item. | Choose an item. |
| **Wheelchair Access?** | Choose an item. | Choose an item. |
| **Night Support** | Choose an item. | Choose an item. |
| **Complexity** | Choose an item. | Choose an item. |
| **Shared Hours** | Choose an item. | Choose an item. |
| **Vacancies** |  |  |

On completion of this form please confirm the date of submission below and the name of the officer requesting the change on behalf of the Framework Provider.

This should then be emailed to specialist.accommodation@essex.gov.uk.

|  |  |
| --- | --- |
| **Date:** |  |
| **Officer Name:** |  |

Should you wish to make a change that is not covered on this form please contact the Council to discuss further.