



# Minor New Works Request Form

## Contact details

First Name **	julia
Surname**	johnston
Contact e-mail**	Julia.johnston1@nhs.net
Telephone**	
Extension**	57212
Location/Ward	SDEC
Room/door number.	

## Request Details

Location/Ward**	SDEC
Room/door number. **	

Brief description of minor new work required work required\*\*

Rail to be moved in Treatment room.

## Trust Budget holder

To be completed by Trust budget holder Representative

Full Name **	Julia johnston
Contact e-mail**	Julia.johnston1@nhs.net
Telephone**	
Extension **	57212
Location/Ward	SDEC
Room/door number.	
Cost Code**	6408am
Lump sum Cost	

**\*\*Failure to complete sections may result in the non process of request**

## Endeavour Instruction to Proceed

Name:..... Signature:..... Date:.....

Please email completed form to [HelpdeskSouthTees@serco.com](mailto:HelpdeskSouthTees@serco.com)

*For Serco use only*

### Date received

09.07.2021

### Request ID

*Serco to issue on receipt of form*

NWR4156

### Job Type

Mechanical

Electrical

Building

Maintenance

Health & Safety

Patient care

Departmental routine

Environmental issue

PAT test only

Fire officer approval

Change of use

Structural alterations

Is the work part of an existing capital works scheme?

Is the work part of a life cycle scheme?

Additional comments