

ISSUE / CHANGE FORM – SUMMARY SECTION

Issue Title			
ICF Number <small>(AEMO to complete)</small>			
Proponent Name		Proponent Company	
Proponent Title	Role of the Proponent	Proponent Contact No	
Proponent email			
High-level Issue Impact Assessment	<input type="checkbox"/> High (Issue is likely having a significant impact on multiple Participants/Roles) <input type="checkbox"/> Medium (Issue is likely having a low to medium impact on multiple Participants/Roles) <input type="checkbox"/> Low (Issue may only be having a low impact on one or more Participants/Roles)		
	Impact justification:		
Potential Obligation Impact	Will the resolution of this issue likely result in a change to a Participant's obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, which Participant Type(s) do you believe will be impacted? <input type="checkbox"/> FRMP <input type="checkbox"/> NSP <input type="checkbox"/> MC <input type="checkbox"/> MP <input type="checkbox"/> MDP <input type="checkbox"/> ENM <input type="checkbox"/> SGA <input type="checkbox"/> DRSP		
Participant Engagement	Have you engaged potentially impacted Participants? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide reason why you haven't. If yes, who have you engaged? If yes, what feedback have they provided?		

ICF Revision History

VERSION #	SUBMITTED TO	DATE

ISSUE / CHANGE – DETAILED REPORT SECTION

1. Detailed description of the Issue	
2. How long has this issue existed?	<input type="checkbox"/> Recently discovered/introduced <input type="checkbox"/> 1-2yrs <input type="checkbox"/> 2-5yrs <input type="checkbox"/> 5+yrs
3. What is the current impact on your organisation?	
4. Quantification of the impact on your organisation (this content will be treated as confidential unless explicit consent is provided)	(e.g. number of customers impacted, number of FTEs required for workaround/exception handling, etc.)
5. Are workarounds available and have they been implemented?	<input type="checkbox"/> Workarounds have been identified but not yet implemented <input type="checkbox"/> Workarounds have been identified and implemented <input type="checkbox"/> No workarounds have been identified
6. Describe your proposed change	
7. What are the likely benefits to AEMO, Participants or customers if your issue is resolved?	<input type="checkbox"/> Improved Customer Outcomes <input type="checkbox"/> Improved Industry Efficiency <input type="checkbox"/> Compliance <input type="checkbox"/> Other, please describe For each item checked above, please provide additional details as to how your proposed solution will achieve these outcomes?

8. What is the likely impact to AEMO and/or other Participants in resolving your issue?	<input type="checkbox"/> AEMO Procedural Changes required <input type="checkbox"/> AEMO/Participant System Changes required <input type="checkbox"/> AEMO/Participant Process Changes required <input type="checkbox"/> Other, please describe For each item checked above, please provide additional details:
9. Are there any critical timelines or Rules which should be considered?	
10. Supporting documentation provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NB: ICFs submitted without required content will be returned to the proponent by AEMO for additional drafting.

NEM ISSUE / CHANGE – RELEVANT ATTACHMENT(S)

ATTACHMENT A

Proposed changes: {*Procedure Name*}

~~Red~~ ~~strikeout~~ means delete and
blue underline means insert