****

**SPACE MANAGEMENT – CHANGE OF USE FORM**

**All details on this form to be completed**

**1. GENERAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty/Division** |  | **Date:** |  |
| **Department:** |  | **Form Revision:** |  |
| **Person Completing:**  |  |
| **Position:**  |  |
| **Contact Tel:** |  |
| **Contact Email:** |  |
| **Faculty/Divisional Lead (Authorised By):** |  |

**2. ABOUT THE SPACE (CURRENT)**

|  |  |
| --- | --- |
| **Campus Area:**  |  |
| **Building Name:** |  |
| **Floor:** |  |
| **Room Number/s:**  |  |
| **Current Occupancy:** |  |

|  |  |
| --- | --- |
| **Current Space Usage:**  |  |
| **Activities:**  |  |
| **Current Furniture & Equipment:** |  |
| **Why is the change required:** |  |
| **Has the current space received grant funding in the past for the space and/or equipment within it?** |  |

**3. ABOUT THE SPACE (PROPOSED)**

|  |  |
| --- | --- |
| **What changes are proposed?**  |  |
| **What will the space be used for?** |  |
| **What equipment and furniture is required to be installed or used within the space?****Will there be a change to the number or position of computers used in this space?** |  |
| **Is significant re-modelling work required?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Space Envelope m²:**  |  | **Proposed Space Envelope m²:** |  |

|  |  |
| --- | --- |
| **What date is the change required by:**  |  |

|  |  |
| --- | --- |
| **What is the proposed “New” Occupancy for space?**  |  |

|  |  |
| --- | --- |
| **Does this request impact on other faculties / departments / building users?**  |  |

**An area plan showing the general changes should be provided with this form.**

**Additional information can be provided if needed, on separate sheets.**

**Please email completed form to** **EstateManagementHelpdeskTeam@ljmu.ac.uk**

**4. SPACE CHANGE TECHNICAL REVIEW (ESTATE MANAGEMENT)**

|  |  |
| --- | --- |
| Unique Reference No |  |
| Date Received:  |  |

This form will be reviewed by the following Service Management Teams:-

* Space Management
* Statutory Maintenance
* General Maintenance
* Programme Development
* CDM
* Timetabling

**4A: Space Management – Head of Business & Stakeholder Services**

**4B: Sustainability - Engineering Services Manager**

|  |  |  |
| --- | --- | --- |
| **Will energy consumption rise as a result of the change?** | Yes [ ]  No [ ]   | Note: |
| **Is there a more sustainable solution?** | Yes [ ]  No [ ]   | Note: |

**4C: Grant Funding - Head of Business & Stakeholder Services**

|  |  |  |
| --- | --- | --- |
| **Has the current space received grant funding in the past?** | Yes [ ]  No [ ]   | Note: |
| **Does the grant funding impact on the proposed change** | Yes [ ]  No [ ]   | Note: |

**4D: Mechanical & Electrical Installations - Head of Maintenance & Infrastructure/Head of Campus Support Security**

|  |  |  |
| --- | --- | --- |
|  **Is the electrical loading sufficient to accommodate the proposed change?**  | Yes [ ]  No [ ]   | Note: |
| **Are additional power or data outlets required?** | Yes [ ]  No [ ]   | Note: |
| **Is work required to Fire Alarms?** | Yes [ ]  No [ ]   | Note: |
| **Is work required to CCTV systems?** | Yes [ ]  No [ ]   | Note: |
| **Are any alterations required to the Intruder Alarm System** | Yes [ ]  No [ ]   | Note:  |
| **Is work required to access control systems?** | Yes [ ]  No [ ]   | Note: |
| **Is current ventilation suitable for the proposed change?** | Yes [ ]  No [ ]   | Note:  |
| **Does any proposed equipment require additional ventilation or LEV to be installed?** | Yes [ ]  No [ ]   | Note: |

**4E: Fire Safety - Operational Safety & Enhancement Manager**

|  |  |  |
| --- | --- | --- |
| **Will the change affect the fire compartmentation properties of the area / room / building?**  | Yes [ ]  No [ ]   | Note: |
| **Will additional fire-fighting equipment be required?** | Yes [ ]  No [ ]   | Note: |
| **Has an initial fire risk assessment been carried out?** | Yes [ ]  No [ ]   | Note: |
| **Is there any proposed change to fire detectors?**  | Yes [ ]  No [ ]   | Note:  |
| **Is void detection required as part of the change?** | Yes [ ]  No [ ]   | Note: |

**4F: General Access - Head of Maintenance & Infrastructure**

|  |  |  |
| --- | --- | --- |
| **Have DDA access provisions been considered?**  | Yes [ ]  No [ ]   | Note: |
| **Is there any unusual access identified as part of the change?** | Yes [ ]  No [ ]   | Note: |
| **Will change of space increase the volume of pedestrian traffic in or around the room / area?** | Yes [ ]  No [ ]   | Note: |
| **Are current entrance / exit points (internal and external) adequate to cope with any additional demand?**  | Yes [ ]  No [ ]   | Note:  |
| **If upper floors, are lifts of an adequate size to cope with any additional demand?** | Yes [ ]  No [ ]   | Note: |

**4G: Timetabling - University Timetabling Manager**

|  |  |  |
| --- | --- | --- |
| **Will this repurposing create an issue with scheduling or room booking?**  | Yes [ ]  No [ ]   | Note: |
| **Is the expectation that this space appears on the Central Timetable? If so, what information will be required?** | Yes [ ]  No [ ]   | Note: |
| **What other information will the Central Timetabling require?** | Yes [ ]  No [ ]   | Note: |
| **Timetabling Approver** | Ian Gould-Jones |

**Estate Management Budget Group Approval**

|  |  |
| --- | --- |
| EMBG Chair: |  |
| Approve / Reject: |  |
| Notes / Rationale: |  |
| Signed: |  |
| Dated: |  |

**NB. Requests that require additional resources will require approval of a Business Case by Planning and Resources Committee**

**ROOM / AREA CHANGE REQUEST FLOW PROCESS**

Faculty/Divisional representative completes the change of use request form (sections 1-3) and provides the name of the Faculty / Divisional Lead (Authoriser)

Note: A copy of the area floor plan should be obtained from Estates to be used for general annotation

Completed form (sections 1-3) provided to the Space Management Team for initial review

Space Management Team provides a copy of the form to the relevant Service Management Team leads for review (Statutory Compliance etc.) See list at top of Estate Review (form section 4)

Determine if Change of Use Form can progress to Estate Management Budget Group or if a Business Case for additional resources is required.

Service Management Team leads to provide comments to Space Management Team along with any additional requirements or requests for information

Feedback to Submitter

Feedback to Submitter

Submit to Estate Management Budget Group for endorsement/ approval.