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**Application for PERMIT of**

**RADIOACTIVE SUBSTANCES ACTIVITIES**

**Not involving Sealed Sources**

**Under the**

**Environmental Authorisation (Scotland) Regulations 2018**

This form is **only** for permits relating to **unsealed radioactive material and radioactive waste**.

You must use this form to:

* **APPLY FOR A NEW PERMIT**
* **VARY THE CONDITIONS OR LIMITS OF AN EXISTING PERMIT**

Further information on what type of authorisation you require for your radioactive substances activity can be found in the *Radioactive Substances Authorisation Guide* available on the SEPA [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/).

Applications for transfers, surrenders and sealed sources are available on the SEPA [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/).

SEPA will attach a number of standard conditions to your permit, depending on what you have applied for. We would recommend that you read the suite of standard conditions before you apply. They can be obtained on SEPA’s [website](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/)

If you feel that a section of standard conditions will not be suitable for your activity, please indicate what changes you think are necessary. SEPA may issue bespoke conditions.

**All reference notes in this form relate to the Modular Application Form Guidance available on the SEPA** [**website**](https://www.sepa.org.uk/regulations/authorisations-and-permits/application-forms/)**. We encourage you to read the guidance when completing this form.**

**SECTION 1 - GENERAL INFORMATION**

**TYPE OF APPLICATION**

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| **1a. Please state which of the following applications you are making** *(see guidance note on p3)* |

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| **Type of application** | **Tick applicable box below** | **List existing authorisation** | **Offshore?** |
| New  |[ ]   |[ ]
| Variation\* |[ ]  Click here to enter text. |[ ]

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| \*Type of variation | Substantial [ ]  | Standard [ ]  | Admin [ ]  |

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| **1b. Is the application relating to a nuclear site?** *(see guidance note on p3)* |
| **Yes** [ ]  **No** [ ]  |

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| **1c. To meet with the requirements of this application you must have a recognised Justified Practice.** Details of Justified Practices can be found in the government’s *Justification of Practices Involving Ionising Radiation Regulations 2004* document ([link](https://www.gov.uk/government/publications/the-justification-of-practices-involving-ionising-radiation-regulations-2004-guidance-on-their-application-and-administration)) *(see guidance note on p3)* |
| I confirm that my Practice is Justified[ ]  |

**APPLICANT DETAILS**

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| **1d. Please provide details of the legal person who will hold the permit** *(see guidance note on p3)* |
| **Legal Business Name:** | Click here to enter text. |
| **Legal Status** | Please select an option from the drop down list. |
| **Trading/Business Name (if different):** | Click here to enter text. |
| **Company Registration number (if applicable):** | Click here to enter text. |
| **Official/Registered Office Address** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |

**SITE DETAILS**

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| **1e. Please provide details of the premises to which the application refers** *(see guidance note on p4)* |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| *Additional information for offshore installations:* |
| **Offshore Installation Name:** | Click here to enter text. |
| **Block Number:** | Click here to enter text. |

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| **1f. Please give the grid reference of the main entrance to the premises** *(see guidance note on p4)* |
| **Ordnance Survey national grid reference 8 characters,*****For example SJ 1234 5678***

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| **1g. Please state the local government area in which the premises are situated** *(see guidance note on p4 – where applicable please select ‘outwith Scotland’ or ‘Offshore installation’ option).* |
| Select a Local Authority |

**CONTACT DETAILS**

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| **1h. Please provide details about the individual that we may contact about the application** *(see guidance note on p5)* |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Position/Designation:** | Click here to enter text. |

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| **1i. Please provide details of the contact and billing address for invoices to be sent** *(see guidance note on p5)* |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone No:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| **Position/Designation:** | Click here to enter text. |
| **SEPA account number (if known)** | Click here to enter text. |

**REMITTANCE INFORMATION**

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| **Please provide payment details for the application** *(see guidance note on p5)* |
| Please ensure you submit the correct fee for your application. This fee is reviewed every year. For latest fees please consult the latest [Environmental Regulation (Scotland) Charging Scheme](https://www.sepa.org.uk/regulations/authorisations-and-permits/charging-schemes/charging-schemes-and-summary-charging-booklets/) on the SEPA website ([www.sepa.org.uk](http://www.sepa.org.uk) and search for ‘charging schemes and summary charging booklets’) or contact your local SEPA office. |
| **BACS** | Sort Code | 83-34-00 | **IMPORTANT!** When paying by BACS or direct transfer you MUST submit remittance advice or proof of payment with your application form. If this is not received the application will be deemed invalid and returned to you, as SEPA is unable to process your application without this. |[ ]
|  | A/C Number | 00137187 |  |  |
| **Credit/Debit Card** | Payment is accepted by all major credit/debit cards. Please include payment contact details below so that we can take payment securely |[ ]
|  | Name | Click here to enter text. | Tel: | Click here to enter text. |  |
| **Cheque** | Made payable to “SEPA” and **must** be included with a printed application form |[ ]
| **Amount payable** | £ insert fee. Reason for non-payment: Click here to enter text. |

**DECLARATION**

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| **Please read the declaration and complete the boxes below** *(see guidance note on p5)* |
| *I/we hereby apply for authorisation under the Environmental Authorisation (Scotland) Regulations 2018 in respect of the premises referred to in Section 1 and in respect of the management of radioactive substances of the description and quantities referred to in this application. I/we declare that to the best of my/our knowledge the particulars in each section of this application are true and accept that the information contained in the application may form part of the publically available information held by the Scottish Environment Protection Agency and relevant public registers. I/we have read the data protection notice and understand the implications of the General Data Protection Regulation (GDPR)* |
| Signature: |  | Date: | Click here to enter text. |
| Name: | Click here to enter text. | Position: | Click here to enter text. |
| Authorised on behalf of (company, corporate body, firm etc.) | Click here to enter text. |

**APPLICATION CHECKLIST**

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| **Once you have completed all parts of the application, please use this checklist to indicate the items you have completed and are sending us as part of the application.** *(see guidance note on p6)* |
| Payment made using a suitable payment method |[ ]
| Remittance Advice/Proof of Payment (if applicable) |[ ]
| Declaration signed |[ ]
| Application sections completed and submitted | 1. Mandatory
 |[ ]
|  | 1. Mandatory
 |[ ]
|  | 1. If applicable
 |[ ]
|  | 1. If applicable
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|  | 1. If applicable
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|  | 1. If applicable
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|  | 1. If applicable
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|  | 1. If applicable
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| Supporting documents/information- please list documents included: | List supporting docs/info here. |

**SECTION 2 - FURTHER INFORMATION**

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| **2a. Provide a brief overview of the radioactive substances activity that you are applying to carry out, including any arrangements for management of any waste generated** *(see guidance on p7)* |
| Click here to enter text. |

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| **2b. Please indicate what activities you intend to carry out, or if you are varying an existing permit, which activities are affected by your proposed changes.***(see guidance note on p7)* |
| Holding of unsealed radioactive material  | [ ]  - complete section 3  |
| Introduction of radioactive material into the environment | [ ]  - complete section 3  |
| Introduction of radioactive material into organisms | [ ]  - complete section 3  |
| Discharge of radioactive liquid waste to the environment  | [ ]  - complete section 4  |
| Discharge of radioactive gaseous waste to the environment | [ ]  - complete section 5  |
| Transfer to a person not in accordance with the standard conditions | [ ]  - complete section 6  |
| Dispose of radioactive waste to the environment from offshore  | [ ]  - complete section 7  |
| Dispose of radioactive waste on your site | [ ]  - complete section 8  |
| Receive radioactive waste from another person | [ ]  - complete section 9  |
| Other, please give details | Click here to enter text. |

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| **2c. For any radioactive waste generated, please describe the means considered for:**1. **minimising the volume and activity of waste requiring disposal; and**
2. **minimising the impact to the environment of waste disposals.**

*(see guidance note on p7)* |
| Click here to enter text. |

**NEW PERMIT APPLICATIONS ONLY**

**The following questions only need to be completed for applications for a new permit.**

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| **2d. Please provide information on who is responsible and the organisational arrangements for protection and safety with regard to public exposure from the management of the radioactive substances.** *(see guidance note on p9)* |
| Click here to enter text. |
| **2e. Please provide information on the competencies and training of staff involved in managing the radioactive substances.** *(see guidance note on p9)* |
| Click here to enter text. |
| **2f. Please provide details of the design features of your premises and equipment that will ensure adequate protection against public exposure**. *(see guidance note on p9)* |
| Click here to enter text. |
| **2g. Please provide the anticipated public exposures in normal operation of your radioactive substances activity**. *(see guidance note on p9)* |
| Click here to enter text. |
| **2h.Have you carried out an assessment of the activity and the premises in order to-**1. **estimate, to the extent practicable, the probability and magnitude of a potential public exposure;**
2. **assess the quality and extent of protection and safety provisions, including engineering features as well as administrative procedures; and**
3. **define the operational limits and conditions of operation?**

*(see guidance note on p10)* | Choose an item. |
| **2i. Do you have emergency procedures relating to the radioactive substances activities?** *(see guidance note on p10)* | Choose an item. |
| **2j. Do you have arrangements to maintain, test, inspect and service the relevant equipment and facilities to continue to meet the design requirements, operational limits and conditions of operation throughout their lifetime?** *(see guidance note on p10)* | Choose an item. |
| Click here to enter text. |
| **2k. Please provide details of how you intend to provide quality assurance for the radioactive substances activity?** *(see guidance note on p10)* |
| Click here to enter text. |

**SECTION 3 - RADIOACTIVE MATERIAL HOLDINGS**

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| **3a. Please provide details in the table below of the radioactive material to be kept or used** *(see guidance note on p12 & use the key indicators specified below the table)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Radionuclide or group of radionuclides** | **Maximum****Activity (Bq) Kept** | **Expected****Monthly****Usage (Bq)** | **Purpose for which radionuclide will be used** | **Type of change requested** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

**Key: (N) = new request, (I) = increase requested, (R) = reduction requested, (U) = unchanged**

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| **3b. Please describe how the limits being applied for were determined.** *(see guidance note on p13)* |
| Click here to enter text. |

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| **3c. Please provide details of how the radioactive material will be stored when not in use.** *(see guidance note on p14)* |
| Click here to enter text. |

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| **3d. Please state how you intend to dispose of any radioactive waste generated.** *(see guidance note on p14)* |
| Click here to enter text. |

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| **3e. For applications relating to the introduction of radioactive material into the environment or into organisms that leave the authorised place, you must submit a suitable dose assessment in relation to public exposure.** *(see guidance note on p14)* |
| I have enclosed a dose assessment: Choose an item. |

**SECTION 4 - LIMITS FOR LIQUID DISCHARGES TO THE ENVIRONMENT**

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| **4a. Please indicate by which route you intend to discharge liquid radioactive waste to the environment**. *(see guidance note on p15)* |
| To the public sewer | [ ]  | Name of Sewage Treatment Works: Click here to enter text. |
| To a watercourse | [ ]  | Name of watercourse: Click here to enter text. |
| By onshore disposal to sea | [ ]  |  |
| Other- give details | Click here to enter text. |

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| **4b. Please provide the information requested in the table below** *(see guidance note on p16 & use the key indicators specified below the table)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Radionuclide or group of radionuclides** | **Limit being applied for (Bq/time)** | **Name & location of discharge point** | **Type of change requested** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

**Key: (N) = new request, (I) = increase requested, (R) = reduction requested, (U) = unchanged**

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| **4c. Please describe how the limits being applied for were determined.** *(see guidance note on p16)* |
| Click here to enter text. |

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| **4d. Please provide details of any significant non-radioactive properties of the radioactive waste you intend to discharge and what arrangements you have made to mitigate against these hazards.** *(see guidance note on p17)* |
| Click here to enter text. |

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| **4e. Have you submitted a dose assessment demonstrating that your proposed discharges will not adversely affect the public?** *(see guidance note on p18)* |
| Yes [ ]  No [ ] If not, please explainClick here to enter text. |

**SECTION 5- LIMITS FOR GASEOUS DISCHARGES TO THE ENVIRONMENT**

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| **5a. Please provide the information requested in the table below** *(see guidance note on p19 & use the key indicators specified below the table)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Radionuclide or group of radionuclides** | **Limit being applied for (Bq/time)** | **Name & location of discharge point** | **Type of change requested** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

**Key: (N) = new request, (I) = increase requested, (R) = reduction requested, (U) = unchanged**

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| **5b. Please describe how the limits being applied for were determined.** *(see guidance note on p19)* |
| Click here to enter text. |

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| **5c. Please provide details of any significant non-radioactive properties of the radioactive material you intend to discharge and what arrangements you have made to mitigate against these hazards.** *(see guidance note on p20)* |
| Click here to enter text. |

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| **5d. Have you submitted a dose assessment demonstrating that your proposed discharges will not adversely affect the public?** *(see guidance note on p20)* |
| Yes [ ]  No [ ] If not, please explainClick here to enter text. |

**SECTION 6 - TRANSFER OF RADIOACTIVE WASTE TO ANOTHER PERSON**

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| **6a Please indicate by which route you intend to transfer radioactive waste to another person** *(see guidance note on p22)* |
| **To a person outwith the UK not requiring a Transfrontier Shipment of Radioactive Waste and Spent Fuel Authorisation** – complete all questions below |[ ]
| **To another person -** complete all questions below **and give details:** |[ ]

Note: Disposal of radioactive waste with normal refuse, to a Waste Permitted Person within the UK and to persons outside of the UK in accordance with TFS is included as standard in all permits and does not need to be applied for; however, you must notify SEPA 28 days in advance of first use of the route in accordance with the permit condition.

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| **6b Please provide the information requested in the table below***(see guidance note on p22 & use the key indicators specified below the table)* |

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| **Physical form of the waste** | **Radionuclide or group of radionuclides** | **Mass (kg) or Volume (m3) of waste** | **Max. activity of each radionuclide (Bq)** | **Max. concentration of radionuclide (Bq/g)** | **Type of change requested** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

**Key: (N) = new request, (I) = increase requested, (R) = reduction requested, (U) = unchanged**

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| **6c. What are the contact details and address of the person who will receive the waste?** *(see guidance note on p23) If more than 1 person, please provide details on a separate sheet.* |
| **Official Name of Person:** | Click or tap here to enter text. |
| **Official Address:** | Click or tap here to enter text. |
| **Company Registration Number (if applicable):** | Click or tap here to enter text. |
| **Site Name & Address****(if different to above):** | Click or tap here to enter text. |
| **Country:** | Click or tap here to enter text. |
| **Telephone No:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Site Permit number****(if applicable):** | Click or tap here to enter text. |
| **Regulator:** | Click or tap here to enter text. |

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| **6d. Please give details of any significant non-radioactive properties of the radioactive waste and confirmation that the chosen route is suitable for its non-radioactive properties.***(see guidance note on p23)* |
| Click here to enter text. |

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| **6e. Please describe how this transfer represents Best Practicable Means (BPM)?** *(see guidance note on p24)* |
| Click here to enter text. |

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| **6f. Have you included documentation confirming that the person you intend to use is willing, in principle, to accept the waste?** *(see guidance note on p25)* |
| **Yes** [ ]  **No** [ ] **If NO, please explain below:**Click here to enter text. |

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| **6g. Please describe contingency arrangements if your planned transfer route(s) become unavailable.** *(see guidance note on p25)* |
| Click here to enter text. |

**SECTION 7 - LIMITS FOR DISPOSALS TO THE ENVIRONMENT FROM OFFSHORE**

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| **7a. Please indicate by which route you intend to dispose of radioactive waste to the offshore environment**. *(see guidance note on p26)* |
| To sea | [ ]  |
| Offshore re-injection | [ ]  |
| Other- give details  | Click here to enter text. |

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| **7b. Please provide the information requested in the table below** *(see guidance note on p26 & use the key indicators specified below the table)* |

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| --- | --- | --- | --- |
| **Radionuclide or group of radionuclides** | **Activity of waste disposed of (Bq/g)** | **Limit being applied for (Bq/year)** | **Type of change requested** |
| Radium-226 | Click here to enter text. | Click here to enter text. | Choose an item. |
| Radium-228 | Click here to enter text. | Click here to enter text. | Choose an item. |
| Lead-210 | Click here to enter text. | Click here to enter text. | Choose an item. |
| Polonium-210 | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

**Key: (N) = new request, (I) = increase requested, (R) = reduction requested, (U) = unchanged**

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| **7c. Please describe how the waste disposal limits being applied for were determined***. (see guidance note on p27)* |
| Click here to enter text. |

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| **7d. Have you submitted a dose assessment demonstrating that your proposed disposals will not adversely affect the public?** *(see guidance note on p27)* |
| Yes [ ]  No [ ] If not, please explainClick here to enter text. |

**SECTION 8 - DISPOSAL OF RADIOACTIVE WASTE ON YOUR SITE**

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| **8a. Please provide details of:**1. **what types of wastes will be disposed of on site;**
2. **where on your site the disposals will occur;**
3. **the quantity of waste to be disposed of on site** *(see guidance note p29)*
 |
| Click here to enter text. |

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| **8b. Please provide the information requested in the table below***(see guidance note on p29 & use the key indicators specified below the table)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical form of the waste** | **Radionuclide or group of radionuclides** | **Max. activity of each radionuclide (Bq)** | **Type of change requested** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

**Key: (N) = new request, (I) = increase requested, (R) = reduction requested, (U) = unchanged**

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| **8c. Please give details of any significant non-radioactive properties of the radioactive waste and confirmation that the chosen disposal route is suitable for its non-radioactive properties.***(see guidance note on p30)* |
| Click here to enter text. |

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| **8d. Please describe what (if any) limits you are applying for and how they were determined.** *(see guidance note on p30)* |
| Click here to enter text. |

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| **8e. Please describe how this disposal represents Best Practicable Means (BPM).** *(see guidance note on p30)* |
| Click here to enter text. |

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| **8f. Have you submitted a dose assessment demonstrating that your proposed disposals will not adversely affect the public?** (*see guidance note on p31)* |
| Yes [ ]  No [ ] If not, please explainClick here to enter text. |

**SECTION 9 - RECEIPT OF RADIOACTIVE WASTE FROM ANOTHER PERSON**

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| **9a Please provide the information requested in the table below***(see guidance note on p32 & use the key indicators specified below the table)* |

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| --- | --- | --- | --- |
| **Type and origin of received waste** | **Radionuclide or group of radionuclides** | **Mass (kg) or volume (m3) received per unit time (e.g. day, month, year)** | **Type of change requested** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

**Key: (N) = new request, (I) = increase requested, (R) = reduction requested, (U) = unchanged**

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| **9b. Please provide details of:**1. **what you intend to do with the waste on your site,**
2. **how you intend to transfer/dispose of the received waste, and**
3. **how you intend to manage any secondary wastes.** *(see guidance on p32)*
 |
| Click here to enter text. |

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| **9c. Please give details of your proposed waste acceptance criteria and how they will be implemented** *(see guidance on p33)* |
| Click here to enter text. |