SUBMISSION: CHANGE OR SUBMISSIONS TO THE OFO

NAME OF SETA_____

DATE OF SUBMISSION_____

DETAILS OF PERSON THAT CAN BE CONTACTED IN TERMS OF THIS SUBMISSION

NAME _____

TELEPHONE NUMBER_____

e-mail _____

Number and name of Unit Group (4 digits) under which change need to be effected		TYPE OF CHANGE							
		Change in current occupational Title			Additional Occupations		Add or remove alternative titles / specialisations		
Number	Name	Occ code	Existing title	New title	Proposed Title	Proposed descriptor	Occ Code	Title to be removed	Title to be added
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