**Temporary closures during an emergency requiring the flexible provision of pharmaceutical services - pharmacies and dispensing appliance contractors**

(At least 24 hours’ notice of the change must be provided)

|  |  |
| --- | --- |
| **Name of contractor**  |  |
| **ODS code (also known as the F code)** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

I am/we are applying for a temporary change to the days on which, or times at which, I am/we are obliged to provide pharmaceutical services at the abovementioned premises under paragraph 27, Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Please enter the date(s) of the temporary closure in the box below.

|  |
| --- |
|  |

Please set out in the box below the reasons for the request.

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|  |

Signature …………………………………………………………………………………..

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of contractor)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Once completed please send to the relevant NHS England regional team. Contact details can be found at

<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/>