**Application to work behind closed doors for up to 2.5 hours a day in line with the Pharmacy SOP (October 2020)**

**OR**

**Temporary opening hours 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)** |  |

Please tick to indicate what type of application you are submitting:

|  |  |
| --- | --- |
| I am/ we are applying to work behind closed doors for up to 2.5 hours a day in line with the COVID-19 Community Pharmacy SOP (October 2020) | Y/N |
| 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. | Y/N |

|  |  |
| --- | --- |
| Date(s) of the temporary change | Proposed opening hours on that date or those dates |
|  |  |

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

|  |
| --- |
|  |

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/>