**Application to redistribute the total number of core opening hours – pharmacy contractors**

|  |  |
| --- | --- |
| **Name of contractor** | Click or tap here to enter text. |
| **ODS code (also known as the F code)** | Click or tap here to enter text. |
| **Full address of premises to which the application relates** | Click or tap here to enter text. |

This is an application to:

* permanently redistribute the total number of core opening hours
* redistribute the total number of core opening hours on a one-off basis

(Please tick as relevant).

Please insert below the current core opening hours for these premises.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

Please insert below the proposed core opening hours for these premises[[1]](#footnote-1).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

If this is a permanent change, please state the date from which you would like the change to take effect - Click or tap here to enter text.

If this is a one-off change, please enter the dates for the change - Click or tap here to enter text.

**Applications to be determined on the basis of paragraph 24(1), Schedule 4 of the 2013 regulations**

I wish this application to be determined on the basis of:

* Paragraph 24(1), Schedule 4

Please provide the information that demonstrates that your proposed core opening hours will:

* either maintain as necessary the existing level of service provision for people in the area of the pharmacy, or other likely users of the pharmacy premises; or
* maintain a sustainable level of adequate service provision for the people in the area of the pharmacy, in circumstances where maintaining the existing level of service provision is either unnecessary or not a realistically achievable outcome.

|  |
| --- |
| Click or tap here to enter text. |

**Applications to be determined on the basis of paragraph 26(2ZB), Schedule 4 of the 2013 regulations**

I wish this application to be determined on the basis of:

* Paragraph 26(2ZB), Schedule 4

Please provide the information that demonstrates that your proposed core opening hours will ensure that the people who are accustomed to accessing pharmaceutical services at the pharmacy premises listed above are likely to benefit from the changes because, overall, they would be more likely to access those services at the pharmacy premises during the proposed core opening hours than during the existing core opening hours.

|  |
| --- |
| Click or tap here to enter text. |

Name Click or tap here to enter text.

Position Click or tap here to enter text.

Date Click or tap here to enter text.

On behalf of Click or tap here to enter text.

(insert name of contractor)

Contact email address in case of queries Click or tap here to enter text.

Contact phone number in case of queries Click or tap here to enter text.

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

1. Please note that this form is not to be used by 100 hour pharmacies seeking to reduce their total core opening hours in line with paragraph 26(2A), Schedule 4. [↑](#footnote-ref-1)