**Chapter 20**

**Annex 36**

**Request for an extension to the time within which to submit a notice of consolidation**

Name of applicant ……………………………………………………………………………...

Address of the premises to which the granted application relates

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Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

Original date by which the notice of consolidation is to be submitted by ……………….. (Requests for an extension may only be made during the six month period following the grant of an application.)

I/we would like to request an extension to the time within which to submit the notice of consolidation relating to the application submitted for the above premises. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

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Please attach a continuation sheet if necessary.

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

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

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

On behalf of the company/partnership ……………………………………………………..

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

Contact email number in case of queries …………………………………………………..

Registered office

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