**Chapter 23**

**Annex 1**

**Outline Consent and Premises Approval Application Form**

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| --- | --- |
| **Name of doctor/practice** |  |
| **Correspondence address** |  |

I/we wish to apply for outline consent and premises approval as follows.

|  |
| --- |
| Please precisely describe the area for which you are seeking outline consent. Ideally you should provide a map which shows the area, but please ensure it clearly shows which properties fall within the area for which you are seeking outline consent and which don’t. |

Please insert below the address of the premises for which you are seeking premises approval.

|  |
| --- |
|  |

Please confirm if these premises are already included in the relevant dispensing doctor list in relation to a different area for which you have outline consent or historic rights. Yes  No 

I have included with this application copies of the requests from patients who live within the area described above to be dispensed to. Yes  No 

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

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

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

On behalf of the practice ……………………………………………………………………

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

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

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

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