**Request to submit a notice of commencement within 30 days of service provision commencing**

|  |  |
| --- | --- |
| **CAS reference number for the application** |  |
| **Type of application submitted** |  |
| **Name of applicant** |  |
| **Trading name, if applicable** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

Pursuant to paragraph 34(3A), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, I/we wish to submit the notice of commencement in relation to the grant of the above application. The date on which we wish to commence service provision at the above premises is

……………………………………………………………………(insert date).

Please set out below the reasons for your request. NHS England and NHS Improvement will consider your request and you will be advised of its decision in due course.

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|  |

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

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

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

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

(insert name of applicant)

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

Contact phone 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