**Chapter 36**

**Annex 7**

**Notification of changes to supplementary opening hours**

|  |  |
| --- | --- |
| **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)** |  |

This is a notification to:

* permanently change supplementary opening hours
* make a one-off change

(Please tick as relevant).

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

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

Please insert below the proposed supplementary opening hours for these premises.

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

If this is a permanent change, please state in the box below the date from which the change will take effect.

|  |
| --- |
|  |

If this is a one-off change, please enter the dates for the change below.

|  |
| --- |
|  |

At least three months’ notice must be given. If you are seeking to change the supplementary opening hours within a shorter timescale please set out your reasons below and NHS England will consider whether it can agree to a shorter notice period.

|  |
| --- |
|  |

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 …………………………………………………