**Notification of Opening on Bank and Public Holidays – May and August Bank Holidays 2018**

|  |  |
| --- | --- |
| **Name of contractor** |  |
| **Contractor (ODS) Code** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

Pursuant to paragraph 35(3)(b) of Schedule 4 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, please provide your proposed opening days and times for the following bank and public holidays:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bank / Public Holiday** | **Date** | **Open or Closed** | **Opening time** | **Closing time** | **Lunchtime** |
| **Early May Day** | Monday 7th May 2018 |  |  |  |  |
| **Spring Bank Holiday** | Monday 28th May 2018 |  |  |  |  |
| **Summer Bank Holiday** | Monday 27th August 2018 |  |  |  |  |

I confirm the above mentioned premises will be open on the above days as stated.

Signature …………………………………………………………………………………..

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

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

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

**Please return to** [**england.pharmacyreturns@nhs.net**](mailto:england.pharmacyreturns@nhs.net) **by 13th March 2018**