**Notification of Opening on Bank and Public Holidays – May & August 2019**

|  |  |
| --- | --- |
| **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 Bank Holiday** | 06/05/2019 |  |  |  |  |
| **Spring Bank Holiday** | 27/05/2019 |  |  |  |  |
| **Summer Bank Holiday** | 26/08/2019 |  |  |  |  |

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** **by 11/03/2019**

**Please include your** **Contractor (ODS) Code within the subject of the email.**