

NOTIFICATION TO AMEND SUPPLEMENTARY HOURS

Name of Primary Care Trust	
Name of pharmacy contractor	
Address of premises to which this return applies	
Address for correspondence (if different)	

Current Supplementary hours

Day	Open from	To	Lunchtime
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Notifiedⁱ amendment to Supplementary hours

Day	Open from	To	Lunchtime
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Date this change is to take effect	
Amendment for this week only (tick) ⁱⁱ	
Amendment to be permanent from this week (tick) ⁱⁱⁱ	

Proposed Change to Supplementary Hours^{iv}:

I / we apply to make the proposed change to the supplementary hours of the pharmacy

Signed	Date
Contact for queries relating to this form	Telephone number

ⁱ The amendment of supplementary hours requires notification only, and does not require the consent of the PCT. The notification must be made at least 90 days in advance of the proposed change.

ⁱⁱ This field of the Application Form is to apply to change supplementary hours on a single occasion only. The individual pharmacy contractor concerned will revert to their original supplementary hours as previously agreed with their PCT immediately after close of business on the date specified e.g. from the following day. A contractor must make a separate application to the PCT for every single date upon which they propose to change their supplementary hours commitment.

ⁱⁱⁱ This field of the Application Form is to apply for a permanent change to supplementary hours from the date specified and so onwards.

^{iv} PSNC would also advise all pharmacy contractors wishing to apply to the PCT for consent to amend core contractual hours (alongside a notification to amend supplementary hours), that they complete the Application to amend core hours form.