F-2

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| SPACE / PREMISES MANAGEMENT*Directorate* request / *approval and confirmation* | **OFFICE USE:** |

To the Property Team*:*

*Please action the following option, indicated by* **X** *in the box below:*

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| --- | --- | --- |
| **T** | **TERMINATE** a LEASE / LICENCE / AGREEMENT |  |
| **BC** | ACTIVATEthe **BREAK** **CLAUSE** OPTION |  |
| **RE** | **RENEW / EXTEND** the LEASE / LICENCE / AGREEMENT |  |
| **NP** | FIND **NEW PREMISES** / SPACE |  |
| **NL** | OBTAINA **NEW LEASE** / LICENCE / AGREEMENT |  |

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|  | **Request Originator (Email):** |  |
|  | **BOROUGH in which space is currently located** or **required:** |  |
| **T/BC/RE** | **Premises Name & Address:** |  |
| **T/BC/RE** | **Detailed Location (if known)** |  |
| **T/BC/RE** | **Landlord details (if known)** |  |
| **NP/NL** | **Type of Service** to be provided from these premises | Please delete as appropriate   |  |  | | --- | --- | | **Clinical (D1)** | **Non-Clinical (B1)** | |
| **NP/NL** | Name of Service / Department |  |
| **NP/NL** | Preferred **Location** for new premises |  |

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| SUMMARY DETAILS |
| Please give a brief outline of your premises requirements  (Please complete all relevant sections by deleting or adding text )  **T** = TERMINATE **BC** = ACTIVATE BREAK CLAUSE **RE** = EXTEND/RENEW LEASE  **NP** = FIND NEW PREMISES/SPACE **NL** = OBTAIN NEW LEASE/AGREEMENT   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **T/BC** | The premises are no longer required because the **CLINICAL CONTRACT** will end on: | |  |  |  | | --- | --- | --- | | dd | mm | yyyy | |  | | **T/BC** | The premises are no longer required because: |  |  | | **T/BC** | Our **LAST DAY** of operation from the premise will be: | |  |  |  | | --- | --- | --- | | dd | mm | yyyy | |  | | **T/BC** | We are consolidating premises by moving to available and agreed space at: |  |  | | **T/BC** | Are you creating a **VOID COST** for the local CCG? | |  |  | | --- | --- | | YES | NO | |  | |  | This is part of the Directorates **CRESS?** | |  |  | | --- | --- | | YES | NO | |  | | **RE** | We wish to RENEW / EXTEND the current lease for the following reasons: |  |  | | **RE** | The current lease should be extended from the current expiry date until: | |  |  |  | | --- | --- | --- | | dd | mm | yyyy | |  | | **NP/NL** | We wish to EXPAND a current service within the current location for the following reasons: |  |  | | **NP/NL** | We require NEW premises for the following reasons: |  |  | | **NP/NL** | The NEW arrangement should commence on: | |  |  |  | | --- | --- | --- | | dd | mm | yyyy | |  | | **RE/ NP/NL** | Period the new / additional space is require for. END DATE: | |  |  |  | | --- | --- | --- | | dd | mm | yyyy | |  | | **NP/NL** | The SCHEDULE OF ACCOMODATION is attached to this email | |  |  | | --- | --- | | YES | NO | |  | | **ALL** | The budget code for additional RENT/SERVICE CHARGE & RATES is: |  |  | |

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| --- |
| Questions to be considered by the Service Director (Please delete as required) |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Has CAPITAL INVESTMENT been secured to develop or expand any potential new premises if this is required?** | |  |  |  | | --- | --- | --- | | YES | NOT YET | | | NOT REQUIRED | | PLEASE ASSIST | | | | **Have AGILE WORKING practices been considered in the SCHEDULE OF ACCOMMODATION submitted?** | |  |  |  | | --- | --- | --- | | YES | NOT YET | | | NOT REQUIRED | | PLEASE ASSIST | | | |

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| DIGITAL REQUIREMENTS |
| |  |  |  |  | | --- | --- | --- | --- | | **ELFT INTRANET / EMAIL** | |  |  | | --- | --- | | YES | NO | | | **RIO** | |  |  | | --- | --- | | YES | NO | | | **EMIS** | |  |  | | --- | --- | | YES | NO | | | **EPR** | |  |  | | --- | --- | | YES | NO | | | **ORACLE** | |  |  | | --- | --- | | YES | NO | | | **Has contact been made with IM&T** | |  |  | | --- | --- | | YES | NO | | |

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| Attachments for review |
| The property officer may be able to assist you in appending the relevant information if require   |  |  |  |  | | --- | --- | --- | --- | | 1 | CURRENT LEASE / AGREEMENT |  |  | | 2 | FLOOR PLAN |  |  | | 3 | FINANCIAL INFORMATION |  |  | | 4 | OTHER |  |  | |

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| AUTHORISED BY: (Borough Director ONLY) |
| |  |  | | --- | --- | | Name: |  | | Date: |  | | Contact Email: |  | | Contact Telephone: |  | |

Please the completed form and the schedule of accommodation forms to [Frank.riedel@nhs.net](mailto:Frank.riedel@nhs.net)

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| OFFICE USE – PROPERTY TEAM (Please Tick / complete) |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **REQUEST ENTERED INTO PROPERTY REGISTER for ACTION?** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **FORMAL NOTICE TO LANDLORD ISSUED ON:** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | ***Has the Service Director been informed of key dates/decisions?*** |  | | **TYPE of AGREEMENT COMPLETED** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **REVIEW / BRAKE DATE (If applicable)** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **CONTRACT VALUE (£)** |  | | **PROPERTY MASTER REGISTER UPDATED** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **PROPERTY DILAPIDATIONS REGISTER BEEN UPDATED** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **LOCAL AUTHORITY INFORMED OF CHANGES** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **SBS PAYMENT MECHANISM SET UP / CANCELLED** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **E&F BEEN INFORMED OF CHANGES** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **CONTACT MADE WITH BDU** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **UTILITY PROVIDERS BEEN INFORMED** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | | **IT/BT Fixed Line Rental cancelled** | |  |  |  | | --- | --- | --- | | **DD** | **MM** | **YY** | | |  |  | |