****

|  |  |
| --- | --- |
| 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:*

|  |  |  |
| --- | --- | --- |
|  **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 |  |

|  |  |  |
| --- | --- | --- |
|  | **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  |  |

|  |
| --- |
| 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 ICB/Commissioners? |

|  |  |
| --- | --- |
| 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: |  |  |

 |

|  |
| --- |
| 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 |

 |

 |

|  |
| --- |
| 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 |

 |

 |

|  |
| --- |
| 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 |  |  |

 |

|  |
| --- |
| AUTHORISED BY: (Borough Director ONLY)  |
|

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Contact Email: |  |
| Contact Telephone: |  |

 |

Please send the completed form and the schedule of accommodation forms to:

**Sonny James (Property Officer)** **sonny.james@nhs.net**

|  |
| --- |
| 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 / BREAK DATE (If applicable) |

|  |  |  |
| --- | --- | --- |
| DD | MM | YY |

 |
| CONTRACT VALUE (£) |  |
| PROPERTY TERRIER UPDATED |

|  |  |  |
| --- | --- | --- |
| DD | MM | YY |

 |
| PROPERTY DILAPIDATIONS REGISTER 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 |

 |
|  |  |

 |