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| **Property Vacation Notice (PVN)** |
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| **APPLICANT DETAILS** |
| **Formal name of applicant commissioner** |  |
| **Named contact** |  |
| **Job title of named contact** |  |
| **Email address of named contact** |  |
| **Daytime phone number(s) for contact** |  |
|  |  |  |
| **PROPERTY WHERE SPACE IS BEING PROPOSED FOR HAND BACK** |
| **Property name** |  |
| **Address of property** |  |
| **Postcode of property**  |  |
| **Date of submission of this form** |  |
|  |  |  |
| **PROPERTY DETAILS** |
| **NO.** | **QUESTION** | **RESPONSE (delete as applicable)** |
| 1 | Does the space offered for hand back comprise the whole or only part of the building? | Whole building / Only part of the Building |
| 2 | Is the space being offered for hand back space which the commissioner/CSU occupies or has formerly occupied? | Yes / NoIf yes, please answer questions 3a - d.If no, please go direct to question 4 |
| 3a | If only part of the whole building is offered for hand back, please describe the extent of the space being offered for hand back, including any car parking spaces lawfully used. |  |
| 3b | Is the space offered for hand back accessible directly from common parts / shared areas i.e. not through another occupier’s or your own retained exclusive space? | Yes / No (If no, please give details) |
| 3c | Is the space offered for hand back completely partitioned off from any neighbouring occupiers or any space not to be handed back? | Fully partitioned / Not fully partitioned |
| 3d | a) If the space being offered for hand back is not currently occupied, has it already been cleared of all contents, furniture & rubbish and all equipment deactivated / de-commissioned? | Yes / No (If no, please give details) |
| b) If no, when will this be fully delivered? | Date:Comments:  |
| 4 | a) Is the space being offered for hand back still in use / occupied?  | Yes (please give details) / No  |
| b) If yes, when will it become vacant? | Date space will become vacant:Comments: |
| 5 | Do you confirm that the space is permanently no longer required for all future commissioning requirements whether for commissioner direct use or for the provision of health services and further confirm that the information contained in this application is complete and accurate in all material respects and that all necessary prior assurance and approvals have been completed/obtained in accordance with applicable governance arrangements. | Yes / No |
| 6 | Any further comments in support of this application? |  |
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| **SIGNATORY #1** |
| Signed |  |
| Print name |  |
| Job title |  |
| Date of signature |  |
|  |  |  |
| **SIGNATORY #2 (if required)** |
| Signed |  |
| Print name |  |
| Job title |  |
| Date of signature |  |
|  |  |  |
| **This Property Vacation Notice must be signed by and copied to:** |
| **CCG PVNs** | SIGNED BY: Accountable Officer and the Chief Financial Officer COPIED TO: Director of Finance of Local NHS England Direct Commissioning Organisations (DCOs), or in the London Region, to the Financial Assurance Team |
| **NHSE PVNs** | SIGNED BY: Director of Finance of the local NHS England DCO or Regional Team (as the context may require)COPIED TO: If a DCO PVN, be copied to the NHS England Regional Director of Finance, or if in the London Region, the Financial Assurance Team |
| **CSU PVNs** | SIGNED BY: CSU Managing Director COPIED TO: NHS England CSU Transition Team |
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| **Please send completed forms to:** vacantspace@property.nhs.uk |
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