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**Request for consideration of expedition of a Controlled Drug Licence application proforma**

Use this form to request the Drugs & Firearms Licensing Unit (DFLU) expedite consideration of an existing Controlled Drug Licensing application. We envisage this form being completed by front-line healthcare providers or pharmaceutical wholesalers/ distributors only. We will consider requests for expedition where there is either:

1. A critical supply issue of a product you handle; or
2. A clinically imperative service you are directly responsible for delivering.

Your request will be rejected if the form is submitted:

* Incomplete (including those submitted without supporting evidence); or
* Prematurely – before an application has been made; or
* By someone who is not named on the Controlled Drug Licensing application form (unless the responsible person has provided a ‘letter of authority to enquire’ for you to submit with this form).

We will process the information you provide us in accordance with our Privacy Information Notices ([Drugs and firearms licensing: privacy information notices - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/drugs-and-firearms-licensing-privacy-information-notices)). Specifically we will need to discuss the information you provide on this form with colleagues in other Government departments or regulatory bodies which may include and is not limited to: Department for Health and Social Care, Care Quality Commission (or Welsh or Scottish equivalents) and/or the Medicines and Healthcare Regulatory products Authority (MHRA). By submitting this form we deem you have consented to this.

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| **Licensee entity name (company or organisation)** | Click or tap here to enter text. |
| **Application reference** | Click or tap here to enter text. |
| **Application date** | Click or tap to enter a date. |
| **Site address for where expedited licence is sought** | Click or tap here to enter text. |
| **Is this site presently licensed by DFLU?** | Choose an item. |
| **Why have you submitted the application referenced above?** | Choose an item. |

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| **What contingent applications are pending/ authorisations are in place with other regulators for this site?** | |
| **Name of regulator** | Click or tap here to enter text. |
| **Application Date** | Click or tap to enter a date. |
| **Application Reference Number** | Click or tap here to enter text. |
| **Status** | Click or tap here to enter text. |

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| **Did you submit the application you are seeking expedition of to DFLU more than 6 months ago?** | Choose an item. |
| **If not, why not.** | |
| Click or tap here to enter text. | |

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| **On what basis are you asking for expedition of this application?** | Choose an item. |
| **Please explain why, you consider this criterion is met?**  You should provide substantive, specific reasoning, giving full detail - for example - of specific product formulations in a ‘critical supply’ situation, your estimated market share for each ‘critical’ product containing controlled drugs, current supply arrangements and timescales, or the specific procedure types you intend to deliver, to whom (e.g. NHS, private) and the proportion of this work to your ‘business as usual’. | |
| Click or tap here to enter text. | |
| **What date are you working to needing a licence from?** | Click or tap to enter a date. |
| **What alternatives have you considered to ensure service delivery and could you put in place?**  For healthcare delivery, you should include an assessment of what alternatives are available to provide this care – irrespective of whether this is provided by another provider, and their distance from your site. For wholesalers/ distributors you should include an assessment of what alternatives are available for securing supply from an alternative site, country or business.  Do not leave this blank – even if you consider there is not a viable alternative you should explain what you have considered and why | |
| Click or tap here to enter text. | |

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| Your Name | Click or tap here to enter text. |
| Job Title/Role in application | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Signature (Please insert an image of your signature) |  |

Fully completed forms, and supporting evidence should be emailed to [dflu.dom@homeffice.gov.uk](mailto:dflu.dom@homeffice.gov.uk) using the subject header in your email:

(Company Name, Site Postcode, Application number - Request for Expedition)