

**E-Declaration for Practice COVID-19 Unlock Plan – Restoration phase**

**Name of Practice:**

The Practice confirms the following:

1. A COVID-19 Unlock Plan is in place and has been shared with the practice team which includes:
2. A risk assessment of the practice premises
3. A risk assessment of patient cohorts
4. Confirmation of alignment to the most up to date GP Practice SOP (as at 10th June v3.1), NHSE/I delivery model and compliance with the HM Government 5 steps to working safely
5. The Practice has shared their COVID-19 Unlock Plan with their Clinical Director.

**Signed by:**

**Date:**

Please return this e-declaration to [hw.primarycare@nhs.net](mailto:hw.primarycare@nhs.net) by **Friday 26th June 2020.**