

Application to postpone proceedings

Interim orders tribunal/medical practitioners tribunal

(Delete as appropriate)

Date of hearing: _____

Doctor name: _____

Unique ID number: _____

Date application made by: _____

Date application to postpone by: _____

I am/we are requesting a postponement of the hearing due to start on the date given above, for the following reasons.

1. _____

2. _____

Documents submitted in support of the application

3. _____

4. _____

5. _____