

## Form P4: IMT postponement or further adjournment application

Hearing name	
Hearing start date	
Party making application	
Representative details	

### Explanatory notes

- ▶ Complete this application form if you are applying for an IMT hearing to be postponed or further adjourned. Separate forms apply for other types of hearing.
- ▶ Please read our [Postponement and further adjournment guidance](#) before completing your application.
- ▶ Once completed, please send your application to [interimhearings@mpts-uk.org](mailto:interimhearings@mpts-uk.org).

### Application

Please complete the following fields or indicate where not applicable.

Type of IMT hearing				
Length of postponement / further adjournment requested*				
Has this application been agreed with the other party?	Yes		No	

\*Please note for IMT Review hearings, any period of postponement typically must not exceed the date by which the interim measure is required to be reviewed pursuant to Article 12 of the Anaesthesia Associates and Physician Associates Order 2024. If you are unsure of what that date is, please contact [interimhearings@mpts-uk.org](mailto:interimhearings@mpts-uk.org) for further information before making your application.

Have you made a previous application to delay this hearing which was refused?	Yes		No	
If yes, please briefly summarise how the circumstances have changed or what additional information is available since the last application:				

## Supporting evidence

Please list below any supporting evidence included with your application. For example, this might include independent medical evidence if the application is based on the health of a participant.

## Submissions

Please explain below the reasons for the application and for the length of time the postponement or further adjournment is sought for. Factors decision makers will bear in mind can be found at page 8 of our guidance.

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