GP203
(Rev 11/21)

NATIONAL HEALTH SERVICE

APPLICATION IN RESPECT OF _____ NHS BOARD FOR MATERNITY PAYMENTS

Full details of eligibility, amount and duration of payments for maternity payments are set out in Determination V of the Statement of Dental Remuneration, and are only payable to eligible dentists whose names are included in sub-part A of the first part of the dental list. **Please read that Determination before you fill in this form.**

PART 1 PERSONAL DETAILS

1. Surname
2. Other Name(s)
3. Address for correspondence
4. Email Address
5. Contact number
6. List number payment to be made to:

Postcode

7. Date of confinement from MAT B1 certificate signed by a registered medical practitioner or registered midwife. DD - MM - YYYY
8. Date you ceased or intend to cease providing general dental services because of pregnancy or confinement. No payment can be made before this date. DD - MM - YYYY
9. Date from which you want payments to start. Payments cannot be backdated more than 5 weeks before the date you apply. DD - MM - YYYY
10. If list number above has not been active for a minimum of 2 years, please provide details of eligible list numbers for this period:

Date from	Date to	NHS Board or other eligible area	Vocational training post?	List No (if known)
DD - MM - YYYY	DD - MM - YYYY			
DD - MM - YYYY	DD - MM - YYYY			
DD - MM - YYYY	DD - MM - YYYY			
DD - MM - YYYY	DD - MM - YYYY			

11. NHS Commitment Level - Average percentage of time spent on NHS dentistry per week (Example: NHS dentistry 4 days, Private dentistry 1 day equates to an 80% NHS Commitment Level) %
12. Contracted hours of work per week for GDS and private dentistry only (Example: 25 hours and 15 mins should be entered as 25.25 in the boxes above)
13. Whole Time Equivalent (WTE) To calculate WTE, divide contracted hours by 37.5 (**Note**: This is capped at 1.0 WTE)

PART 2 DECLARATION

I apply for maternity payments and confirm that:

- ☐ I have not applied, and will not apply, for maternity payments in respect of any other NHS Board for this pregnancy or confinement;
- ☐ I intend that my name should remain on sub-part A of the first part of the dental list of the NHS Board and agree to repay any maternity payments made if I fail to return to providing general dental services within one year of my confinement and provide these services for a minimum of one complete month;
- ☐ I will inform the NHS Board and Practitioner Services (Dental) if I provide or assist with the provision of general dental services during the maternity pay period and when I return to providing general dental services;
- ☐ I am not receiving payments in consequence of suspension under Scottish Ministers' Determination made under regulation 26 of the NHS (General Dental Services) (Scotland) Regulations 2010 or under regulation 32 of the NHS (General Dental Services) (Scotland) Regulations 1996;
- ☐ I am not receiving sickness payments under Determination VI of the Statement of Dental Remuneration;
- ☐ In order to confirm my entitlement, I consent to the disclosure of information to Practitioner Services (Dental) by the relevant authorities in Scotland and equivalent authorities in England, Northern Ireland and Wales;
- ☐ I agree to provide my maternity certificate (form MAT B1) or other statement signed by a doctor or registered midwife to Practitioner Services, if requested;
- ☐ **I will transfer my patient registration list** to the dentist(s) taking over responsibility for my patients during this period. If I am an orthodontic specialist, all patients treated by me on referral will be treated by another dentist using their own list number.
- ☐ The information I provide on this claim form is accurate and complete. I understand that the data may be subject to post-payment verification procedures to ensure claims are valid and that inaccurate claims may be subject to further action including financial recovery.

Name of person completing form _____ Date completed _____

Personal Identification Number (PIN) _____

Email completed forms to Practitioner Services from your NHS.Scot email address to ensure secure transfer of personal information, alternative email addresses should only be used in the absence of a NHS email address. Send completed form to NSS.psd-dental-payments@nhs.scot with 'GP203 Maternity Allowance Form' in the subject field. **Do not send this form by post**.