

APPLICATION IN RESPECT OF A PART-TIME DENTIST FOR A COMMITMENT PAYMENT

Full details of commitment payments are set out in Determination IX of the Statement of Dental Remuneration. Please read that Determination before you fill in this form.

If you meet all of the conditions set out in paragraph 2 of Determination IX except those in sub-paragraph 2(2)(b) and (c) you can claim a commitment payment so long as at least 90% of your earnings from dentistry were attributable to gross earnings, as set out in Determination IX.

Part 1 and 2 of this form to be completed by the dentist, whether a contractor or assistant, making the application for a commitment payment. Part 3 and 4 to be completed only where the claim is in respect of an assistant and should be completed by the contractor that will receive the commitment payment on behalf of the assistant.

PART 1 PERSONAL DETAILS OF DENTIST

1. Surname		4. All present list numbers				
2. Other Name(s)						
3. Address for correspondence						
Postcode						

PART 2 DECLARATION

I declare that:

- with the exception of the conditions set down in sub-paragraph 2(2)(b) and (c) I meet all of the conditions of entitlement to a commitment payment;
- at least 90% of my earnings from the practice of dentistry were attributable to gross earnings, as defined in Determination IX. My gross earnings for the relevant earnings period were % of my earnings;
- at least 90% of my qualifying gross earnings in each of the 5 relevant years were attributable to gross earnings. My gross earnings in each year were:

Year / %

Year / %

Year / %

Year / %

Year / %

of my earnings.

- all of the information I have provided on this form is correct and complete and I understand that if it is not action may be taken against me.

Dentist's Signature _____

Date --

PART 3 PERSONAL DETAILS OF CONTRACTOR RECEIVING THE COMMITMENT PAYMENTS

1. Contractor's Surname/Name	<input type="text"/>	4. All present list numbers	
2. Other Name(s), where contractor is a dentist	<input type="text"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Practice Address	<input type="text"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postcode	<input type="text"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PART 4 DECLARATION

Information has been provided to me by the assistant dentist named at Part 1 which enables me to confirm that the declaration made by him/her at Part 2 is correct.

Contractor's Signature _____

Date --

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 'GP224 Part Time Dentist Commitment Payment Form' in the subject field.

Do not send this form by post.