

NATIONAL HEALTH SERVICE

APPLICATION FROM A PART-TIME DENTIST IN RESPECT OF AN ADDITIONAL GENERAL DENTAL PRACTICE ALLOWANCE AND REIMBURSEMENT OF PRACTICE RENTAL COSTS

Full details of the general dental practice allowance are set out in Part I of Determination XIV of the Statement of Dental Remuneration. Full details of reimbursement of practice rental costs are set out in Determination XV of the Statement of Dental Remuneration. Please read these Determinations before you fill in this form.

If you meet all of the conditions of entitlement set out in paragraph 2(5) of Determination XIV and 2(2) of Determination XV, except those in head:

- (a)(ii), (iii) or (iv) or head (iv) only in respect of a specialised orthodontic practice;
- (b)(ii), (iii) or (iv) or head (iv) only in respect of another specialised practice; or
- (c)(ii) and (iii) or head (ii) only in respect of a non-specialised practice

of the definition of NHS committed practice or you meet the conditions of entitlement set out in paragraph 2(5)(C) of Determination XIV but not paragraph 2(6) and paragraph 2(2)(a), (d) and (e) but not paragraph 2(3) of Determination XV you can be deemed to meet the minimum definition so long as at least 90% of your earnings from dentistry in the year prior to that in which the additional allowance and reimbursement of practice rental costs are payable was attributable to gross earnings, as set out in Determination XIV and Determination XV. Alternatively you can declare the number of hours which you spend on clinical dentistry as a whole (including community, hospital and private dentistry) plus non-clinical GDS-related activities, as defined in paragraph 1(1) of Determinations XIV and XV, in an average week, which will be used to determine your whole-time equivalence when calculating the practice's NHS commitment.

Part 1 and 2 of this form to be completed by the part-time dentist, whether a contractor or assistant. Part 3 and 4 to be completed only where the application is in respect of an assistant and should be completed by the designated contractor that will receive the additional general dental practice allowance and/or reimbursement of practice rental costs.

PART 1 PERSONAL DETAILS OF DENTIST

1. Surname	<input style="width: 95%;" type="text"/>	4. List Number(s) for Practice	
2. Other Name(s)	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Address for practice in respect of which claim is being made	<input style="width: 95%; height: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postcode		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 2 DECLARATION

I declare that:

- *with the exception of the conditions set down in head:
 - o *(a)(ii), (iii) or (iv) or head (iv) only in respect of a specialised orthodontic practice;
 - o *(b)(ii), (iii) or (iv) or head (iv) in respect of another specialised practice; or
 - o *(c)(ii) and (iii) or head (iii) only in respect of a non-specialised practice;

of the definition of NHS committed practice I meet all of the conditions of entitlement; or

- *with the exception of the conditions set down in paragraph 2(6) of Determination XIV and paragraph 2(3) of Determination XIV I meet all of the other conditions of entitlement.

- *at least 90% of my earnings from the practice of dentistry in the year prior to the year in which the additional general dental practitioner allowance and reimbursement of practice rental costs are payable were attributed to gross earnings, as defined in Determination XIV and Determination XV. My gross earnings for the relevant year were:

% of my total earnings

**and if requested to do so by the CSA I will provide within 3 months of the request being made and at my own expense a certificate signed by an accountant stating the percentage that my gross earnings bore to my total earnings in the year prior to that in which the additional allowance and reimbursement of practice rental costs are payable;

or

- *the number of hours which I spend on clinical dentistry as a whole (including community, hospital and private dentistry) plus non-clinical GDS-related activities, as defined in paragraph 1(1) of Determination XIV and XV, in an average week is:

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

Dentist's Signature _____

Date --

* delete as appropriate

** delete if application is in respect of an assistant dentist.

PART 3 PERSONAL DETAILS OF DESIGNATED CONTRACTOR RECEIVING THE ADDITIONAL GENERAL DENTAL PRACTICE ALLOWANCE AND REIMBURSEMENT OF PRACTICE RENTAL COSTS

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

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. If requested to do so by the CSA I will provide within 3 months of the request being made and at my own expense a certificate signed by an accountant stating the percentage that the assistant's gross earnings bore to total earnings in the year prior to that in which the additional allowance and reimbursement of practice rental costs are payable;

Designated Contractor's Signature _____

Date --

NOTE: We must receive this form by the following dates in order for payment to be included in the correct quarter:

28 February

31 May

31 August

30 November

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 'GP229 General Dental Practice Allowance Form' in the subject field.

Do not send this form by post.