

APPLICATION IN RESPECT OF _____ NHS BOARD
FOR A SENIORITY PAYMENT

Full details of seniority payments are set out in Determination III 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.

If you are in receipt of superannuation benefits (pension) you should not complete this form as you are not entitled to Seniority Payments.

PART 1 PERSONAL DETAILS

1. Surname

2. Other Name(s)

3. Home Address

Postcode

4. Practice Address (if different to above)

Postcode

5. Currently on Dental List of:

Ayrshire & Arran NHS Board Borders NHS Board Dumfries & Galloway NHS Board Fife NHS Board

Forth Valley NHS Board Grampian NHS Board Greater Glasgow & Clyde NHS Board Highland NHS Board

Lanarkshire NHS Board Lothian NHS Board Orkney NHS Board Shetland NHS Board

Tayside NHS Board Western Isles NHS Board

6. Date of Birth - -

7. All present list numbers

PART 2 DETAILS OF SERVICE

Please provide below details of all your previous service, other than as a salaried general dental practitioner or assistant, in the general dental services, showing the NHS Board in Scotland, and equivalent body in England, Wales or Northern Ireland with which you have had arrangements with, and dates on which each arrangement began and ended.

NHS Board	Date arrangements commenced			Date arrangements ended			For Official Use only
	Day	Month	Year	Day	Month	Year	
Total Service							

PART 3 CONDITIONS OF PAYMENT

You need to meet the following conditions:

1. your name must be included in sub-part A of the first part of the dental list and you must have;
2. reached the age of 55 years on or before the first day of the relevant quarter;
3. provided general dental services, other than as a salaried dentist or as an assistant, for a period of not less than 10 years since July 1948, of which not less than a period of 5 years (whether or not either such period has been continuous) has been within the period of 10 years ending on the first day of the relevant quarter;
4. received pensionable earnings which were not less than that set down in Determination III;
5. undertaken not less than 2 approved postgraduate education sessions in the 5 financial quarters prior to the first day of the quarter to which the claim relates.

PART 4 DECLARATION

I am not claiming a seniority payment from any other source and I hereby apply for seniority payments with effect from the quarter ending - -

*Although my accumulated gross fees to the end of the relevant quarter amount to less than the minimum figures stipulated in paragraph 4(1)(a) of Determination III at least 90% of my earnings from dentistry were attributable to accumulated gross fees, as defined in Determination III.

My accumulated gross fees for the relevant quarter were % of my earnings.

**delete if not applicable*

I declare that 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.

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 'GP99 Seniority Allowance Form' in the subject field.

Do not send this form by post.