

**DECLARATION OF COMMITMENT PAYMENTS IN RESPECT OF AN ASSISTANT**

Dentists whose names are included in the second part of the dental list who assist contractors in the provision of general dental services are entitled to commitment payments based on remuneration attributed to any care or treatment carried out by the assistant. Any such commitment payments are paid to a contractor on behalf of the assistant. It is a requirement under paragraph 3(14) of Determination XI that any commitment payments made to a contractor on behalf of an assistant are paid to the assistant.

Part 1 and 2 of this form to be completed by the contractor who will receive/has received the commitment payments on behalf of the assistant. Part 3 and 4 to be completed by the assistant due/paid the commitment payments.

**PART 1 PERSONAL DETAILS OF CONTRACTOR RECEIVING THE COMMITMENT PAYMENTS**

1. Contractor's Name/Surname

2. Other Name(s)

3. Practice Address

Postcode

4. List number

**PART 2 DECLARATION**

I declare that:

- \*I will pay to the assistant named at Part 3 of this form the full commitment payments due;
- \*I have paid to the assistant named at Part 3 of this form the full commitment payments due;
- the information I have given on this form is correct and complete and I understand that if it is not action may be taken against me.

\*delete as applicable

Signature of contractor at Part 1 \_\_\_\_\_ Date

**PART 3 PERSONAL DETAILS OF ASSISTANT DUE THE COMMITMENT PAYMENTS**

1. Assistant's Surname

2. Other Name(s)

3. Practice Address

Postcode

4. List Number which assistant works under

**PART 4 DECLARATION**

I declare that:

- \* I agree to my commitment payment being made to the contractor named at Part 1 of this form for payment on to me;
- \* I have received from the contractor named at Part 1 of this form the full commitment payments due to me;
- the information I have given on this form is correct and complete and I understand that if it is not action may be taken against me.

\*delete as applicable

Signature of assistant at Part 3 \_\_\_\_\_ 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](mailto:NSS.psd-dental-payments@nhs.scot) with 'GP232 Commitment Payments Assistant Form' in the subject field.

**Do not send this form by post.**