

NATIONAL HEALTH SERVICE

APPLICATION IN RESPECT OF \_\_\_\_\_ NHS BOARD FOR AN  
ALLOWANCE ON FIRST HAVING NAME INCLUDED IN A DENTAL LIST OR ON NAME BEING  
INCLUDED IN A LIST AFTER A BREAK OF FIVE YEARS

Full details of this allowance are contained in Determination XIII of the Statement of Dental Remuneration. This allowance is only payable to eligible dentists whose names are included in sub-part A of the first part of the dental list and who have undertaken to provide general dental services in a classification 1 or 2 area. Please read Determination XIII before you fill in this form.

A claim for an allowance must be made within 3 months of your name being included or re-included in sub-part A of the first part of a dental list and you commencing to provide general dental services in a classification 1 or 2 area.

**PART 1 PERSONAL DETAILS**

1. Surname		4. List Number(s) for Practice	
2. Other Name(s)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Address for correspondence			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Date name last appeared in a NHS Board dental list in Scotland other than as an assistant (for re-inclusion in list only)			<input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>
6. Date name first appeared in a NHS Board dental list in Scotland other than as an assistant or re-included in a list and you commencing to provide general dental services in a classification 1 or 2 area			<input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>
7. Are you a non-British EEA National			<input type="radio"/> Yes <input type="radio"/> No

**PART 2 CONDITIONS FOR PAYMENT**

1. You must meet the following conditions in order to receive payment:
  - you must have your name included in sub-part A of the first part of a dental list prepared by a NHS Board in accordance with regulation 4(1) of the NHS (General Dental Services) (Scotland) Regulations 2010 or have your name re-included in a dental list after a break of 5 years and you must have commenced providing general dental services in a classification 1 or 2 area;
  - you must undertake to provide at least 4 sessions of general dental services each week in a classification 1 or 2 area in each of the 3 years following receipt of the first payment under Determination XIII;
  - your NHS earnings for each of the 3 years following receipt of the first payment under Determination XIII will represent 80% of your total earnings for each of those years;
  - you must undertake to provide the full range of general dental services (except for specialist services where referral may be appropriate) to all categories of NHS patients during the 3 years following receipt of the first payment under Determination XIII;
  - your name will remain on sub-part A of the first part of a dental list for 3 years following receipt of the first payment under Determination XIII and you must undertake to continue to provide general dental services in a classification 1 or 2 area, as appropriate, for the duration of the 3 years; and
  - your name must not be included in the second part of the dental list or included in such a list within the previous 5 years.
2. If you are registered as a dentist by virtue of section 15(1)(b) or (2a) of the Dentists Act 1984 (registration of nationals of a EEA State who hold appropriate European diplomas) or are in any way a person in respect of whom a member state is prohibited by Community law from imposing such a requirement, you must provide evidence of suitable postgraduate experience as approved by NHS Education for Scotland.
3. You must advise the CSA within one month of any change in your circumstances which may affect your entitlement to the payment of an allowance.

### PART 3 DECLARATION

My name has been included in sub-part A of the first part of a dental list in Scotland for the first time or included in a list having not been so included for 5 years and I have commenced providing general dental services in a (please select):

classification 1 area

classification 2 area

I declare that:

- My name shall remain on sub-part A of the first part of a dental list for a period of 3 years following receipt of the first payment under Determination XIII and I will provide general dental services in a classification 1 or 2 area for the duration of the 3 years;
- I shall undertake to provide at least 4 sessions of general dental services each week in a classification 1 or 2 area in each of the 3 years following receipt of the first payment under Determination XIII;
- my NHS earnings for each of the 3 years following receipt of the first payment under Determination XIII will represent not less than 80% of my total earnings for each of those years;
- if requested to do so by the CSA in the year following one in which I have received a payment under Determination XIII, I will provide at my own expense a certificate signed by an accountant stating the proportion that my NHS earnings bear to my total earnings. I will provide such a certificate within 3 months of the request being made; and
- I shall undertake to provide the full range of general dental services (except for specialist services where referral may be appropriate) to all categories of NHS patients for 3 years following receipt of the first payment under Determination XIII.

\* I am registered as a dentist by virtue of section 15(1)(b) or (2a) of the Dentists Act 1984 (registration of nationals of a EEA State who hold appropriate European diplomas) or am a person in respect of whom a member state is prohibited by Community law from imposing such a requirement. I attach evidence of suitable postgraduate experience as approved by NHS Education for Scotland.

\* tick if appropriate

I declare that 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.

I understand that if I cease to have my name included in sub-part A of the first part of a dental list or cease to provide general dental services in a classification 1 or 2 area, as appropriate, or otherwise fail to comply with any of these conditions of allowance as described in Determination XIII I may be liable to repay to the NHS Board all or part of the allowance received in accordance with Determination XIII. In such circumstances, I agree to repay the amount specified within 3 months of the date of my ceasing to have my name included in sub-part A of the first part of a dental list or my ceasing to provide general dental services in a classification 1 or 2 area, as appropriate, or I fail to meet any other specified conditions.

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](mailto:NSS.psd-dental-payments@nhs.scot) with 'GP227 Recruitment and Retention Form' in the subject field.

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