

APPLICATION IN RESPECT OF

NHS BOARD FOR

ADOPTIVE PAYMENTS

Full details of eligibility, amount and duration of payments for adoptive payments are set out in Determination V 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.**

PART 1 PERSONAL DETAILS

1. Surname 2. Other Name(s)

3. Address for correspondence

4. Email Address

5. Contact number

Postcode

6. List number payment to be made to:

7. Date the child is expected to be placed for adoption or the actual date of placement. In the case of inter-country adoption give the expected date the child will enter the UK or the actual date of entry. DD - MM - YYYY

8. Date the adopter was notified of having been matched with the child. In the case of a inter-country adoption give the date on which the adopter received official notification. DD - MM - YYYY

9. Date you ceased or intend to cease providing general dental services in order to take adoptive leave. DD - MM - YYYY

10. If list number above has not been active for a minimum of 2 years, please provide details of eligible list numbers for this period:

Date from	Date to	NHS Board or other eligible area	Vocational training post?	List No (if known)
<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. NHS Commitment Level - Average percentage of time spent on NHS dentistry per week
(Example: NHS dentistry 4 days, Private dentistry 1 day equates to an 80% NHS Commitment Level) %

12. Contracted hours of work per week for GDS and private dentistry only
(Example: 25 hours and 15 mins should be entered as 25.25 in the boxes above)

13. Whole Time Equivalent (WTE)
To calculate WTE, divide contracted hours by 37.5
(Note: This is capped at 1.0 WTE)

PART 2 DECLARATION

I apply for adoptive payments and confirm that:

- I have become the adoptive parent of a child and will be the main care provider for this child;
- I have not applied, and will not apply, for adoptive payments for this child in respect of any other NHS Board;
- I intend that my name should remain on sub-part A of the first part of the dental list of the NHS Board and agree to repay any adoptive payments made if I fail to return to providing general dental services within one year of the adoption and provide these services for a minimum of one complete month;
- I will inform the NHS Board and Practitioner Services (Dental) if I provide or assist with the provision of general dental services during the adoptive pay period and when I return to providing general dental services;
- I am not receiving payments in consequence of suspension under Scottish Ministers' Determination made under regulation 26 of the NHS (General Dental Services) (Scotland) Regulations 2010 or under regulation 32 of the NHS (General Dental Services) (Scotland) Regulations 1996;
- I am not receiving sickness payments under Determination VI of the Statement of Dental Remuneration;
- In order to confirm my entitlement, I consent to the disclosure of information to Practitioner Services (Dental) by the relevant authorities in Scotland and equivalent authorities in England, Northern Ireland and Wales;
- I agree to provide any evidence in support of my application to Practitioner Services, if requested to do so;
- I will transfer my patient registration list** to the dentist(s) taking over responsibility for my patients during this adoptive period. If I am an orthodontic specialist, all patients being treated by me on referral will be treated by another dentist during this adoptive period.
- The information I provide on this claim form is accurate and complete. I understand that the data may be subject to post-payment verification procedures to ensure claims are valid and that inaccurate claims may be subject to further action including financial recovery.

Name of person completing form Personal Identification Number (PIN)

Please email completed forms to Practitioner Services, this should be submitted 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 the completed form to NSS.psd-dental-payments@nhs.scot with 'GP226 Adoptive Allowance Form' in the subject field. Please do not send this form by post.