

APPLICATION TO _____ NHS BOARD FOR A PRACTICE
IMPROVEMENTS GRANT – NEW TO VOCATIONAL TRAINING PRACTICE

Full details of this grant are contained in Parts II and IV of Determination X of the Statement of Dental Remuneration. This grant is only payable to eligible dentists whose names are included in sub-part A of the first part of the dental list. Please read Determination X before you fill in this form.

PART 1 PERSONAL DETAILS OF PROPOSED VOCATIONAL TRAINER

1. Surname	<input type="text"/>		4. All present list numbers
2. Other Name(s)	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Proposed vocational training practice address	<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"/>
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PART 2 CLAIM

The total percentage of my NHS earnings from the provision by me in person of general dental services during the last complete practice year was: %

Amount claimed in accordance with attached receipts: £ .

% of abatement of total above: %

Sum total grant claimed: £ .

Less pro-rata % above (for otherwise than full-time trainers only): %

Total grant claimed: £ .

PART 3 DECLARATION

I declare that:

- 1) no dentist has provided vocational training from the address indicated at Part 1 during the 5 years prior to my application to become a trainer;
- 2) I will, by the end of the second vocational training cycle of receiving a grant under Part II of Determination X employ a trainee or where I do not employ a trainee the surgery which was to be used by the trainee shall instead be used for the provision of general dental services by a dentist who has completed his/her training within the previous 3 months prior to joining the practice;
- 3) the surgery shall continue to be used for vocational training or for the provision of general dental services for a period of 3 years following commencement of its use in accordance with 2) above and that the full range of general dental services (except for specialist services where referral may be appropriate) will be provided to all categories of NHS patients throughout that period;
- 4) I have not been the subject of successful disciplinary proceedings by an NHS Service or Discipline Committee or by the General Dental Council;
- 5) I have not been the subject of successful action for damages or assault by any former patient;
- 6) I have not received a warning letter from the General Dental Council;
- 7) 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.

I understand that if I fail to comply with any of the conditions of grant as described in Part II of Determination X I may be liable to repay to the NHS Board all or part of the grant received, subject to any specific exemptions from repayment, in accordance with that Determination. In such circumstances, I agree to repay the amount specified within 3 months of the date of my failing to meet any specified conditions.

Signature _____

Date --

PART 4 ADDITIONAL DECLARATION BY PRACTICE OWNER(S) IF NOT THE SAME AS AT PART 3

I/we declare that:

- 1) I/we will meet condition 2, if appropriate, and 3 of grant as described in Part 3;
- 2) I/we have not been the subject of successful disciplinary proceedings by an NHS Service or Disciplinary Committee or by the General Dental Council;
- 3) I/we have not been the subject of successful action for damages or assault by any former patient;
- 4) I/we have not received a warning letter from the General Dental Council;
- 5) the information I/we have given on this form is correct and complete and I/we understand that if it is not action may be taken against me/us.

I understand that if I/we fail to comply with any of the conditions relevant to me/us as described in Part II of Determination X I/we may be liable to repay to the NHS Board all or part of the grant received, subject to any specific exemptions from repayment, in accordance with that Determination. In such circumstances, I/we agree to repay the amount specified within 3 months of the date of my/us failing to meet any specified conditions.

Where a practice is owned by more than one dentist or by a dental body corporate named on sub-part A of the first part of the dental list we declare that we understand that we are jointly and severally liable for meeting the conditions of grant and for any repayment as determined by the NHS Board.

Surname (Capitals)	<input type="text"/>	Other Name(s)	<input type="text"/>
Signature	_____	Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
Surname (Capitals)	<input type="text"/>	Other Name(s)	<input type="text"/>
Signature	_____	Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
Surname (Capitals)	<input type="text"/>	Other Name(s)	<input type="text"/>
Signature	_____	Date	<input type="text"/> - <input type="text"/> - <input type="text"/>

If more than 3 owners please copy page 2

PART 5 PAYMENT DETAILS

The grant shall be paid per training practice to one equity holding dentist contractor or to a dentist contractor nominated by a dental body corporate named on sub-part A of the first part of the dental list or directly to that dental body corporate on behalf of that practice. Only one grant shall be payable per training practice. Please provide the name of the equity holding or nominated dentist contractor or dental body corporate contractor who has to receive the grant and the list number that this has to be paid to.

Contractor's Name (Capitals) List Number

PART 6 FOR NHS BOARD USE

To Practitioner Services (Dental)

I authorise the payment of £ . to the dentist indicated at Part 5.

Signature _____ Date --

Designation Tel Number

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 'GP220 Practice Improvement Grant Form' in the subject field.

Do not send this form by post.