

NATIONAL HEALTH SERVICE

APPLICATION IN RESPECT OF _____ NHS BOARD FOR
PATERNITY PAYMENTS

Full details of paternity 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 baby is expected or the actual date of birth of the baby or date the child is expected to be placed for adoption or the actual date of placement. In the case of adoption please send documents showing the expected date of adoption or date of placement and the date the adopter was notified of having been matched with the child. - -

8. Date you took or intend to take paternity leave. - -

9. 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"/> - <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"/>	<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"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. 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) %

11. 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)

12. Whole Time Equivalent (WTE) .

To calculate WTE, divide contracted hours by 37.5
(Note: This is capped at 1.0 WTE)

I declare that:

- I meet the conditions for claiming a paternity payment as set down in Determination V of the Statement of Dental Remuneration;
- I am the husband or partner of the mother or main care provider, will share responsibility for the child's upbringing and I am taking time off to support the mother/my partner or to care for the child;
- 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;
- I have not applied, and will not apply, for paternity payments for this child in respect of any other NHS Board;
- I agree to provide any evidence in support of my application to Practitioner Services, if requested;
- 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 'GP225 Paternity Allowance Form' in the subject field. Please do not send this form by post.