

Part 1 - DENTIST'S DETAILS

Dentist's address or stamp

Dentist's Surname

Dentist's Forename

Part 2 - DETAILS OF ACTIVITY

Activity (select as appropriate)

Auditor

Clinical Tutor

Dental Practice Adviser

VT Training Adviser

Commitment Payment List No.	Date Activity Started	Date Activity Ceased	No. of Sessions (half days) Per Week
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Part 3 - DENTIST'S DECLARATION

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

Dentist's 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 with 'DPD288 GDS-Related Activities Form' in the subject field.

Do not send this form by post.

Part 4 - PRACTITIONER SERVICES USE ONLY

Date form received

Number of Uplifts

Completed by

Date