

NATIONAL HEALTH SERVICE

APPLICATION IN RESPECT OF \_\_\_\_\_ NHS BOARD FOR  
A REMOTE AREAS ALLOWANCE

PART 1 PERSONAL DETAILS

1. Surname

2. Other Name(s)

3. Practice address in respect of which I am making the claim

4. All present list numbers

Postcode

5. All other present practice address(es) (also complete part 2)

a. Address

b. Address

Postcode

Postcode

c. Address

Postcode

PART 2 CLAIM

I am a remote dentist, as described in Determination XII of the Statement of Dental Remuneration, and claim a remote areas allowance.

The total percentage of **my gross personal** dental earnings attributable to work in the General Dental Service during the last complete year was  %

\*I provide general dental services in more than one area. The percentage of my time, including travel to and from the remote area, spent providing general dental services in a remote area is:  %

\* complete where appropriate

PART 3 DECLARATION

I declare that my name is included in sub-part A of the first part of the dental list and 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 the Common Services Agency may request an Accountant's Certificate to confirm the proportion which my NHS earnings bore to my total earnings in the practice finance year prior to the year in which I am making this claim and that I must provide this at my own expense within 3 months of the request being made.

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 'GP215 Remote Areas Allowance Form' in the subject field.

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