

NATIONAL HEALTH SERVICE

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

Full details of this grant are contained in Parts III and IV of Determination X of the Statement of Dental Remuneration. This grant is 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 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. Vocational training practice address	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>

PART 2 CLAIM

The improvements are required:

- in order to continue to satisfy vocational training standards
- or
- as the practice is expanding to become a multiple vocational training practice

*I am a trainer otherwise than full-time. The percentage of my time spent as a trainer, based on a whole-time week of 35 hours is: %

**complete where appropriate*

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 %

total grant claimed £

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

Total grant claimed £

PART 3 DECLARATION

I declare that:

- 1) the practice shall continue to provide vocational training for a period of 3 years following receipt of a grant and that the trainees employed will provide the full range of general dental services (except for specialist services where referral may be appropriate) to all categories of NHS patients throughout that period;
- 2) if the practice does not provide vocational training in any year within the 3 years following receipt of grant the surgery which is used by the trainee shall instead be used for the provision of general dental services by the dentist to whom the trainer has provided training which has been completed within the previous 3 months;
- 3) I have not been the subject of successful disciplinary proceedings by an NHS Service or Discipline Committee or by the General Dental Council;
- 4) I have not been the subject of successful action for damages or assault by any former patient;
- 5) I have not received a warning letter from the General Dental Council;

6) 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. (Rev 12/21)

I understand that if I fail to comply with any of the conditions of grant as described in Part III 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 of dentist at Part 1 _____

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 the conditions 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 III 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)

Other Name(s)

Signature _____

Date - -

Surname (Capitals)

Other Name(s)

Signature _____

Date - -

Surname (Capitals)

Other Name(s)

Signature _____

Date - -

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 'GP221 Practice Improvement Grant Form' in the subject field.

Do not send this form by post.