

APPLICATION IN RESPECT OF NHS BOARD FOR
LONG TERM SICKNESS PAYMENTS

Full details of eligibility, amount and duration of payments for sickness payments are set out in Determination VI 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 you ceased to provide general dental services because of sickness --

Note: Payments may be made for a maximum of 22 weeks in any period of sickness and will not be made for the first four weeks of any period of sickness.

8. 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)
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9. 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) %

10. 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)

11. Whole Time Equivalent (WTE)
To calculate WTE, divide contracted hours by 37.5
(Note: This is capped at 1.0 WTE)

PART 2 DECLARATION

I apply for sickness payments and confirm that:

- I am unable to provide general dental services due to sickness;
- I have not applied, and will not apply, for sickness payments in respect of any other NHS Board for this period of sickness;
- I will inform the NHS Board and Practitioner Services (Dental) if I return to provide general dental services or retire before the end of the 26th week of this period of sickness;
- 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 maternity, paternity or adoptive payments under Determination V of the Statement of Dental Remuneration;
- In order to confirm my entitlement, I consent to the disclosure of information to Practitioner Services (Dental) by the relevant authorities in Scotland and equivalent authorities in England, Northern Ireland and Wales;
- I will provide a medical certificate to Practitioner Services in support of my application;
- 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 'GP202 Long Term Sickness Form' in the subject field. Please do not send this form by post.