

NATIONAL HEALTH SERVICE SCOTLAND GENERAL DENTAL SERVICES

NOTIFICATION OF THE APPOINTMENT, TERMINATION OR CHANGE IN STATUS OF CONTRACTORS ON PART 1, SUB-PART A OF A DENTAL LIST

Part 1. Completed by NHS

1. Title 2. Sex Male Female 3. Surname

4. Forenames 5. NHSmail email address

6. Date of Birth -- 7. NI number ---- 8. Dental list number

9. GDC number 10. Vocational Training number

11. Will the dentist provide only orthodontic treatment?

12. Name of body corporate (if applicable)

13. Surgery address(es)

14. New surgery address (if applicable)

Postcode

Postcode

Telephone no.

Telephone no.

15. Will the dentist provide only enhanced skills in domiciliary care (cross-border domiciliary care dentist?)

16. If 'Yes', provide a correspondence address below:
Correspondence address

17. Assigned care home (all domiciliary care dentists):
Care Home Name

Postcode

Care Home address

Telephone no.

Postcode

18. Status (if a contractor who is a dentist has more than one status, give details below):
Not applicable for domiciliary list numbers

Single-handed Contractor (with or without assistants) PDS dentist

Partner/Associate of (give names and list numbers of other Partners/Associates, below):

Partner/ Associate	Name	List No.	Date of entry into associateship (if applicable)	Date of termination of associateship (if applicable)
<input style="width: 80px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input style="width: 80px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
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19. Status (if a dental body corporate, give details of those dentists who will assist the dental body corporate in the provision of general dental services at the address at no.11 above):

Not applicable for domiciliary list numbers

Name	List No.	Name	List No.

20. Date of appointment (or change in status)

21. Date of termination 22. Reason for termination

23. Are any patients to be transferred to or from this list number? Yes No
(If yes, please remember to submit the relevant transfer form)

24. Comments or any other relevant information

25. Submitted by Date

Part 2. To be completed by Practitioner Services Division (Dental)

Dental List No. Completed by Date

Comments

Email completed forms from your personal NHS email account to: nss.psd-customer-admin@nhs.scot with 'GP21A' in the subject field

Once processed, Practitioner Services will return this form by NHS email to the NHS Board