

NATIONAL HEALTH SERVICE SCOTLAND GENERAL DENTAL SERVICES

NOTIFICATION OF THE APPOINTMENT, TERMINATION OR CHANGE IN STATUS OF AN ASSISTANT ON PART 2 OF A DENTAL LIST

Completed by NHS

Part 1. Assistant/Trainee details

1. Title 2. Sex Male Female 3. Surname

4. Forenames 5. NHSmail email address

6. Date of Birth -- 7. NI number ---- 8. GDC number

9. List No. for 10. Status

11. Date of appointment (or change in status)

12. Will dentist assist with provision of only orthodontic treatment?

13. Date of termination 14. Reason for termination

Part 2. Contractor/Trainer details

1. Title 2. Surname

3. Forenames 4. GDC number

5. Dental List Number for Contractor/Trainer 6. Is this a PDS practice?

7. Surgery Address

8. New Surgery Address (if applicable)

Postcode Postcode

Telephone no. Telephone no.

9. Comments

10. Submitted by Date

Part 3. To be completed by Practitioner Services Division (Dental)

Name noted 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