NATIONAL HEALTH SERVICE

ANNUAL DECLARATION OF GDS-RELATED ACTIVITIES

PART 1 PERSONAL DETAILS OF DENTIST

Surname

Forename

Address

Postcode

PART 2 DETAILS OF ACTIVITY

Activity (select as appropriate)	**Commitment Payment List No.**	**Date Activity Started**	**Date Activity Ceased**	**No. of Sessions (half days) per week**
☐ **Auditor**				
☐ **Clinical Tutor**				
☐ **Dental Practice Adviser**				
☐ **VT Training Adviser**				

PART 3 DENTIST'S DECLARATION

☐ I declare that I will immediately inform Practitioner Services (Dental) of any change in my circumstances which may affect my entitlement or my calculated payment level

☐ I declare 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

Dentist's 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 with 'DPD288 GDS-Related Activities Form' in the subject field.
Do not send this form by post.

PART 4 PRACTITIONER SERVICES USE ONLY

Date form received | No. of Uplifts | Completed by | Date