

**General Ophthalmic Services  
CLAIM FOR PAYMENT OF CET GRANT**

**OPTOMETRIST/OMP CLAIM FOR CET UNDERTAKEN  
IN THE YEAR TO 31 DECEMBER 2008**

Grants for CET are payable to contractors. A payment can be claimed by a contractor in respect of either:

- (a) CET he/she has undertaken personally in the year to 31 December 2008.
- (b) CET undertaken in the year to 31 December 2008 by an assistant/performer on a Supplementary List/Performers List.

CLAIMS MUST BE MADE BETWEEN 1 July 2009 AND 30 September 2009

**Part 1: Contractor details**

Name of contractor

Practice address as at 1 July 2009

**Part 2: Primary Care Trust details**

Name & address of PCT from whom the CET grant is claimed

For a contractor making a claim for himself or herself this should be a PCT with which he or she is listed as a contractor and for which he or she currently provides the majority of his or her General Ophthalmic Services work. Payment will be made to the contractor at the address above. Claims in respect of a performer on a performers list must be made to the PCT in whose performers list that assistant is included (unless they ceased work by August 2008 – see guidance).

**Part 3: Assistant/Performer details (if claim is in respect of an assistant/performer)**

Name of assistant/performer

Supplementary/Performers List number (including prefix & suffix)

Where the claim is in respect of an assistant/performer the claim must be made by and the payment made to a contractor in respect of that assistant/performer (who should be nominated by the assistant/performer if they have been employed by more than one contractor). The claim is made to the PCT in whose performers list they are included at the date of claim (unless they ceased work by August 2008 – see guidance). Payment will be made to the contractor as identified in Part 1. Only one payment may be made in respect of each individual assistant/performer, irrespective of the number of contractors they work for or the number of PCTs where they do so. The assistant/performer confirms by signing the declaration below that to his or her knowledge only one claim is being made in their name.

#### **Part 4: Declaration by Contractor**

I claim payment of the £458 CET grant and I declare that:

- appropriate CET was undertaken during 2008
- I am properly entitled to claim the payment
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Primary Care Trust and the NHS Counter Fraud and Security Management Service.

Where this is in respect of my personal CET, I also confirm that I am a contractor with the PCT from whom I am claiming this grant and that it is the only claim for the CET grant that I have submitted or will submit in respect of 2008.

For claims made in respect of a named assistant/performer I confirm that the information provided is correct to the best of my knowledge and that appropriate action may be taken if there is proved to have been more than one claim in respect of the named assistant/performer. I further confirm that, if I have not made CET available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named assistant/performer. In the case of an optometrist subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CET I will pass on to the named assistant/performer a proportion of the payment calculated either on a basis agreed between us or, failing that, pro rata, based on 12 points made available entitling me to retain 100% of the annual funds.

**Signature of Contractor**

**Date**

#### **Part 5: Declaration by Assistant/Performer**

**If the claim is in respect of an assistant/performer the assistant/performer should sign the following declaration:**

I understand that my principal is claiming payment of the £458 CET grant in respect of myself and I declare that:

- I undertook appropriate CET during 2008.
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Primary Care Trust and the NHS Counter Fraud and Security Management Service.

I also confirm that I am included in a Supplementary/Performers List of a PCT and this is the only claim for the CET grant that has been submitted or will be submitted with my agreement in respect of my CET in 2008.

**Signature of Assistant/Performer**

**Date**

**CLAIMS MUST BE SUBMITTED BY 30 September 2009**