

CONTINUING EDUCATION AND TRAINING – CLAIM FORM FOR 2008**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 a contractor on a LHB Ophthalmic List.
A payment can be claimed by an optometrist/OMP in respect of either:

- (a) CET he/she has undertaken personally in the year to 31 December 2008; or
- (b) CET undertaken in the year to 31 December 2008 by employed/locum optometrists

CLAIMS MUST BE MADE BETWEEN 1 JULY 2009 AND 30 SEPTEMBER 2009

Part 1: Contractor Details

Name & Address of Contractor (BLOCK CAPITALS)

Ophthalmic List number (including prefix & suffix)

Name & Address of Contractor (during 2008) **to whom payment is to be made**
(if different to above)

Part 2: Local Health Board details

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

Note

For a contractor making a claim for himself or herself this should be the LHB with whom you were listed as a contractor during 2008 and for whom you provided the majority of your General Ophthalmic Services work during 2008. Payment will be made to the contractor at the address (Part 1) above.

Part 3: Details of Employed/locum optometrist

Name of employed/locum optometrist (BLOCK CAPITALS)

Ophthalmic List number (including prefix & suffix)

Where the claim is in respect of an employed/locum optometrist the claim must be made by and payment made to a contractor in respect of that employed/locum optometrist (who should be nominated by the employed/locum optometrist if they have been employed by more than one contractor). The claim is made to the LHB in whose list they were included during 2008 and undertook the majority of their GOS work. Payment will be made to the contractor as identified in Part 1. Only one payment may be made in respect of each individual employed/locum optometrist, irrespective of the number of contractors they assist or the number of LHBs where they do so. The employed/locum optometrist confirms by signing the declaration (Part 5) 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 Local Health Boards 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 on the Ophthalmic List of the LHB 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 the named employed/locum optometrist (Part 3) 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 employed/locum optometrist.

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 employed/locum optometrist. In the case of an employed/locum 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 employed/locum optometrist 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 ----- **GOC/GMC No** _____
Date -----

Part 5: Declaration by employed/locum optometrist

If the claim is in respect of an employed/locum optometrist (named in Part 3) the employed/locum optometrist must 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 Local Health Board and the NHS Counter Fraud and Security Management Service.

I also confirm that I was included on an Ophthalmic List of a LHB 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 employed/locum optometrist -----
GOC/GMC No _____

Date -----

PLEASE RETURN TO YOUR LOCAL BSC OFFICE BY 30th September 2009

Mid & West BSC, 36 Orchard Street, Swansea, SA1 5AQ

South East BSC, Cwmbran House, Mamhilad Park Estate, Pontypool, Gwent, NP4 0XS

North Wales BSC, Unit 5, Llys Helyg, Parc Menai, Bangor, LL57 4EZ

For BSC use

Application checked by: _____ Date _____

Application approved Yes/No