

CET Claim form - Completion Notes

If you are a contractor making a claim for yourself:

- 1) Complete Part 1 with your details.
- 2) In Part 2 put the details of the Regional Team where you are listed as a contractor and where you currently provide the majority of your General Ophthalmic Services work.
- 3) Print the form and sign the declaration at Part 4.
- 4) Scan your completed form and send by email to PCSE.Optical@nhs.net

If you are a contractor making a claim on behalf of an ophthalmic performer:

- 1) Complete Part 1 with your details
- 2) In Part 2 put the details of the Regional Team who manages the ophthalmic performer's list entry.
- 3) In Part 3 put the details of the ophthalmic performer, including their ophthalmic performer's list number.
- 4) Print the form and sign the declaration at Part 4.
- 5) Ask the ophthalmic performer to sign the declaration at Part 5.
- 6) Scan the completed form and send by email to PCSE.Optical@nhs.net

Alternative to email submission

Please note the preferred route for submitting CET claims is by email to PCSE.Optical@nhs.net but if you prefer to submit by post you must send to:

**Primary Care Support England
PO Box 350
Darlington
DL1 9QN**



Department
of Health

GENERAL OPHTHALMIC SERVICES

CLAIM FOR PAYMENT OF CONTINUING EDUCATION AND TRAINING (“CET”) ALLOWANCE

CLAIM FORMS MUST BE SUBMITTED TO PRIMARY CARE SUPPORT ENGLAND AT PCSE.Optical@nhs.net

EMAIL SUBMISSION IS PREFERRED BUT IF YOU WOULD LIKE TO SEND BY POST YOU MUST SEND TO THE FOLLOWING ADDRESS:

Primary Care Support England
PO Box 350
Darlington DL1 9QN

CET allowance payments 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 between 1st January to 31 December 2016.
- (b) CET undertaken in the year between 1st January to 31 December 2016 by an ophthalmic practitioner on the Ophthalmic Performers List.

CLAIMS MUST BE MADE BETWEEN 1 July 2017 AND 31 October 2017

Part 1: Contractor details

Name of contractor

Practice address as at 1 July 2017

Part 2: NHS England Regional Team details

Name & address of the relevant NHS England Regional Team (Do not send your claim to this address).

For a contractor making a claim for himself or herself the relevant regional team will be the NHS England Regional Team 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 provided in Part 1. For claims in respect of an ophthalmic performer on the Ophthalmic Performers List the relevant regional team will be the regional team that manages the performer's list entry on the Ophthalmic Performers List at the date of claim.

Part 3: Ophthalmic performer's details (if claim is in respect of an ophthalmic performer)

Name of ophthalmic performer

Ophthalmic Performers List number

Where the claim is in respect of an ophthalmic performer the claim must be made by a contractor. The CET allowance payment is made to the contractor in respect of that ophthalmic performer (who should be nominated for the purposes of this claim by the ophthalmic performer by way of declaration on this claim form if they have been employed by more than one contractor). Payment of the CET allowance will be

made to the contractor identified in Part 1. Only one CET allowance payment may be made in respect of each individual ophthalmic performer, irrespective of the number of contractors they work for or the number of NHS England Regional Teams where they work. The ophthalmic performer confirms by signing the declaration below that to his or her knowledge only one claim is being made in their name and no other CET allowance payment has been made in their name to a contractor.

Part 4: Declaration by Contractor
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I claim payment of the £545 CET allowance payment and I declare that:

- appropriate CET was undertaken between 1st January 2016 and 31st December 2016.
- I am properly entitled to claim the payment of CET allowance.
- 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 Primary Care Support England, NHS England Regional Team and NHS Protect.

Where this is in respect of my personal CET, I also confirm that I am a contractor with the NHS England Regional Team detailed in Part 2 and that it is the only claim for the CET allowance payment that I have submitted or will submit in respect of 2016.

For claims made in respect of a named ophthalmic 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 or payment made in respect of the named ophthalmic 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 CET allowance payment to the named ophthalmic practitioner. In the case of a registered optometrist subject to the requirements of the General Optical Council (GOC), if I have made available fewer than 12 GOC accredited points of CET I will pass on to the named 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 grant.

Written Signature of Contractor

Date

Part 5: Declaration by Ophthalmic Performer
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If the claim is in respect of an ophthalmic performer, the performer should sign the following declaration:

I understand that my contractor is claiming payment of the £545 CET allowance payment in respect of myself and I declare that:

- I undertook appropriate CET between 1st January 2016 and 31st December 2016.
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken.
- No other claims or payments have been made on my behalf in respect of another NHS England Regional Team.

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 Primary Care Support England, NHS England Regional Team and NHS Protect.

I also confirm that I was included in the NHS England Regional Team's Ophthalmic Performers List detailed in Part 2, and this is the only claim for the CET allowance payment that has been submitted or will be submitted with my agreement in respect of my CET in 2016.

Written Signature of Ophthalmic Performer

Date

CLAIMS MUST BE RECEIVED BETWEEN 1 July 2017 AND 31 October 2017

CLAIM FORMS MUST BE SENT TO:

PCSE.Optical@nhs.net

or

**Primary Care Support England
PO Box 350
Darlington
DL1 9QN**

