



General Ophthalmic Services

Claim for payment of Continuing Education and Training ("CET") allowance

CLAIM FORMS MUST BE SUBMITTED TO THE RELEVANT AREA TEAM

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 2014.
- b) CET undertaken in the year between 1st January to 31 December 2014 by an ophthalmic practitioner on the Ophthalmic Performers List.

CLAIMS MUST BE MADE BETWEEN 1 September 2015 AND 31 December 2015

Part 1: Contractor details
Name of contractor

Practice address as at 1 September 2015

Part 2: Area Team details

Name & address of the Area Team from whom the CET allowance payment is claimed

For a contractor making a claim for himself or herself this should be to an Area 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 above. Claims in respect of an ophthalmic practitioner on the Ophthalmic Performers List must be made to the Area 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). The claim should be made to the Area Team that manages the performer's list entry on the Ophthalmic Performers List at the date of claim. Payment of a 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 Area 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 by an Area Team in their name to a contractor.

Part 4: Declaration by Contractor

I claim payment of the £535 CET allowance payment and I declare that:

- **appropriate CET was undertaken between 1st January 2014 and 31st December 2014.**
- **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 the Area Team and NHS Protect.

Where this is in respect of my personal CET, I also confirm that I am a contractor with the Area Team from whom I am claiming this CET allowance payment and that it is the only claim for the CET allowance payment that I have submitted or will submit in respect of 2014.

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

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 £535 CET allowance payment in respect of myself and I declare that:

- **I undertook appropriate CET between 1st January 2014 and 31st December 2014.**
- **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 have been made on my behalf to another Area Team and no payments have been made by another Area Team in respect of me.**

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 Area Team and NHS Protect.

I also confirm that I was included in the Ophthalmic Performers List 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 2014.

Written Signature of Ophthalmic Performer

Date

CLAIMS MUST BE SUBMITTED BETWEEN 1 September 2015 AND 31 December 2015