

**Out of Hours Provider (OOHP) Application for NHSPS Employing Authority (EA) Status**

**Part 1: to be completed by the OOHP**

1. Full title of the OOHP
2. Official Business address of the OOHP (please include website if available)
3. Name of person responsible for providing the NHSPA with pension information
4. E-mail address of the person named at 3
5. Telephone number of the person named at 3
6. Postal address of the person named at 3
7. Are you a limited company (see description below before 'ticking' the relevant box) Yes  go straight to 9 No  go to 8

A company limited by guarantee, where the majority of the members (i.e. owners) are either GMS or PMS contractors whose GMS or PMS contracts require them to provide out of hours services, or GPs who are partners or shareholders of such a contractor (and all the remaining members are other GMS or PMS contractors or GPs who are partners or shareholders in such contractors). The company must have a contract to provide out of hours services for GMS or PMS contractors, a PCT or LHB in Wales. The company's business of providing out of hours primary medical services must be operated wholly or mainly in a way which is of a 'mutual trading' character.

8. Are you a body corporate (see description below) Yes  go to 9  
No  **You cannot become an NHSPS EA**

A body corporate whose members include at least one GMS or PMS contractor or a GP who is a partner or shareholder of such a contractor. The body must be operated for the benefit of the general public or the recipients of its primary medical services and on a 'not for profit' basis that forbids the payment of dividends, requires any 'profits' to be re-invested in the business and requires assets to be transferred to a charity or similar body on its winding up. It must have a contract with a PCT, LHB, or GMS/PMS Practice to provide out of hours primary medical services.

9. The date you want NHSPS EA status to begin
10. Your signature
11. Your name in CAPITALS and position held
12. Today's date

Please send this form **by post** with a copy of the Company Certificate (or your Companies House registered number) to either the Finance Dept or the Operations & Primary Care Dept of the principal PCT/LHB with whom you have a contract to provide NHS Out of Hours services; keep a copy of this form for your records.

**Part 2. To be completed by the PCT/LHB; please the box below that relates to this provider**

I have read the guidance on the Agency's website ([www.nhspa.gov.uk](http://www.nhspa.gov.uk)) and/or in Technical Newsletter 3/2005, have seen the Company Certificate (or equivalent) and am satisfied that the Out Of Hours Provider (OOHP) named above,

- meets the criteria of a NHSPS EA  does not meet the criteria of a NHSPS EA

Signature \_\_\_\_\_ Name and position at PCT/LHB in CAPITALS \_\_\_\_\_  
Name of PCT/LHB \_\_\_\_\_ Date \_\_\_\_\_

Please send a copy of this form to the OOHP, retain a copy for your own records and send original to Mr Ross Mathieson, PDU, NHS Pensions, Hesketh House, 200-220 Broadway, Fleetwood, FY7 8LG.