NHS

Application for Personal Payment Under Statement of Financial Entitlements

Revision 1
04/2009

Please send the completed form with any necessary documentation to your PCT

Provider's details

Performer's details

Surname

Forename

Performer number

I wish to claim in respect of the above performer for:

Seniority

Dentist Performers date of birth

Dentist Performer's estimated NET monthly pensionable earnings £

Vocational Training

I declare that I will pay the full time salary (pro rata) to the trainee.
Please supply a copy of certificate from post graduate dean to indicate information is correct.

Surname Forename

Name of Trainee

Enter date contract commenced

Enter date contract will end

Part time

Full time

Number of hours to be worked per week

Day of month trainee is normally paid

Is this trainee shared? Yes No

If Yes, please provide the name of the joint trainer

Performer number

Parental leave

I confirm that no claim has been made for Long Term Sickness .

Dentist Performer's Parental leave pay period to

Dentist Performer's estimated NET monthly pensionable earnings £

Maternity

Please forward a Maternity Certificate or other Statement completed by a registered medical practitioner or registered midwife

Paternity

Date of the expected or actual date of birth/adoption

I confirm that I the dentist performer is Husband or Partner of the mother and will share responsibility for the childs upbringing and will be taking time off to support the mother or to care for the child.

Adoptive Parents Leave

In respect of Adoption of a child please support this application with the documents specified in the Statement of Financial Entitlement.

Please enter date of adoption

This is confirmation that the dentist performer is the main care provider and will share responsibility for the childs upbringing and is taking time off to support their partner or to care for the child.

Long Term Sickness

I confirm that no claim has been made for parental leave.

Please forward a Medical Certificate or other Statement completed by a registered medical practitioner.

Dentist Performer's estimated NET monthly pensionable earnings £

Non-Domestic Rates

Total amount requested £

One lump sum

1st Half year

2nd Half year

First day of reimbursment period

Portion of NHS activity (%)

This application must include the demand notice for the financial year to which this claim relates, or a copy of it certified by the billing authority.

Signature of Provider

If signing on behalf of the contractor please print name

Date of declaration