

**Please email the completed form with any necessary documentation to [nhsbsa.sfe@nhs.net](mailto:nhsbsa.sfe@nhs.net) or post to  
NHSBSA Patient Services, SFE Payments Team, Bridge House, 152 Pilgrim Street, Newcastle, NE1 6SN**

Provider name, address and contract number

Performer's details

Surname

Forename

Performer  
number

Email address  
of Provider

**Please note, these payments cannot be claimed in respect of incorporated performers.**

Dentist performer's parental leave period

Dentist performer's estimated net monthly pensionable earnings/net monthly pensionable earnings equivalent (NPE/NPEE) which should be the amount that features in respect of that dentist performer on the contractor's monthly payment schedule. £

Please ensure the figures are correct before the claim is submitted as recalculation will only be made in exceptional circumstances.

Please indicate the number of contracts on which the performer will be claiming for this period of leave. We will not be able to process payments until all claims have been received.

Please complete A, B or C below

**A Maternity**

Please submit a Maternity Certificate or other Statement completed by a registered medical practitioner or registered midwife.  
Where claim is in respect of a performer who is entitled to claim Statutory Maternity Allowance (SMA) as a self-employed individual, an equivalent amount will be deducted from the amount paid.  
If the performer is not entitled to SMA from DWP, or receives an amount less than £139.58, please provide evidence in the form of a confirmation letter from DWP.

Performer not entitled to SMA  please provide evidence  
Performer not receiving full amount of SMA  please provide evidence

**B Paternity**

Date of the expected or actual date of birth/adoption  
This is confirmation that the dentist performer is the husband or partner of the mother and will share responsibility for the child's upbringing and will be taking time off to support the mother or to care for the child.

**C Adoptive Parent's Leave**

Please submit documents as specified in the Statement of Financial Entitlement.  
Expected date to be placed for adoption or date of adoption

This is confirmation that the dentist performer is the main carer for the child.

**Please do not submit original documents as these will not be returned**

**Performer's declaration**

I declare that I am not an incorporated performer

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

Signature of Performer

Date

**Provider's declaration**

I wish to claim in respect of the above performer for payments indicated.

I confirm that they have/will have ceased performing dental services and can confirm continuous employment after authorised leave is complete.

To enable the NHS to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information to and by the NHS Business Services Authority, NHS England, Department of Work & Pensions, HM Revenue & Customs and local authorities.

Signature of Provider

If signing on behalf of a corporate body please print name

Date