**Annex 5.2 Section A – Additional Services: Application for**

**a contract to Provide Ophthalmic Services as an Individual or Partnership**

**1. Practice details**

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| --- | --- |
| **Practice details** | |
| Practice name: | 20/20 Vision |
| Practice trading name (if different): |  |
| Address for correspondence: | 20/20 Vision  Spectacle Street  Heaton  Newcastle upon Tyne  GL45 5ES |
| Please confirm that you will be ready to provide services from the proposed GOS contract start date. | Yes |
| Contact telephone number: | 0191 1234567 |
| Contact email address (if any): | 2020vision@nhs.net |
| VAT registration number: | GB1234567 |
| GOC number if applicable: | 01-12345 |
| Remember to tell us if your address changes | |

**2. General information**

|  |  |
| --- | --- |
| **Area** | |
| Please indicate in which area you wish to provide additional services | Cumbria, Northumberland, Tyne and Wear Area Team |
|  |  |
| **Performers list** | |
| Is the applicant included in NHS England performers list?  If yes, please provide details on a separate sheet. | Yes |
|  |  |
| **Other GOS contracts** | |
| Do you have other contracts to provide ophthalmic services?  If yes, please provide details on a separate sheet | No |
|  |  |
| **Health body status** | |
| Do you wish to be considered as a health body for the purposes of this contract? | Yes |

**3. Owner(s)/partner(s)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **Full name Position General or Limited Partner** | | | **Please tick which apply** | | | **GOC reg no** |
| **Reg'd Reg'd Reg'd optom OMP DO** | | |
|  | | |  |
| John Smith | Owner | General | ✓ |  |  | 01-12345 |
| June Smith | Partner | General |  |  | ✓ | D-54321 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Full name Position Lay person** | | |
| Simon Smith | Partner |  |
|  |  |  |
|  |  |  |
|  |  |  |

**4. Professional staff (employed either directly or indirectly)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Performer(s)** | | | |
| **Full name DOB Qualifications GOC reg no** | | | |
| David Glass | 01/01/1980 | BSc(Hons)MCOptom | 01-12346 |
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| --- | --- | --- | --- |
| **Dispensing optician(s)** | | | |
| **Full name DOB Qualifications GOC reg no** | | | |
| June Smith | 18/03/1970 | FBDO | D-54321 |
|  |  |  |  |
|  |  |  |  |

**5. Hours – Not Applicable**

**6. Equipment and record-keeping**

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| --- | --- |
| **Equipment** | |
| Please list relevant equipment in support of your application (continue on a separate sheet if necessary): | Appropriate distance test chart (preferably internally illuminated), A distance test chart suitable for children/non-English/learning disability  Measuring device, Trial lenses and accessories  Trial frame, Retinoscope, Ophthalmoscope  Distance binocular vision test, Near binocular vision test, Magnification for anterior eye examination  Near vision test type, Tonometer, Amsler grid  Means of assessing visual field, Focimeter, Frame ruler |
|  |  |
| **Record-keeping** | |
| How will individual records be maintained? | Computerised |
| Please specify where the records will be kept and confirm this will be a secure location and by whom | Stored in a secure database, backed up onto a secure hard drive on a daily basis at the close of business, password protected to employees only. |
| Please supply any other relevant information relating to record- keeping to support your application (continue on a separate sheet if required): | Staff will be fully trained in GDPR compliances, training will be provided on a regular basis to ensure changes to regulations enforced. |
| Please provide the name and position of the person(s) responsible for procedures relating to data protection (including confidentiality) and information governance: | John Smith |

**7. Required documentation**

|  |  |
| --- | --- |
| **Please enclose the original documentation below with your Enclosed?**  **application (tick)** | |
| Section B – Declaration to support application for a contract to provide ophthalmic services from the individual or each partner. | ✓ |
| Evidence of insurance or where appropriate) indemnity arrangements) against liability arising from negligent performance of clinical services under the contract. | ✓ |
| Evidence of public liability insurance relating to liabilities to third parties arising under or in connection with the contract that are not covered by the insurance referred to above. | ✓ |
| Bank credit authority form. | ✓ |
| Any other information the Commissioner may require (please use a separate sheet where needed) |  |

**8. Undertaking and declarations**

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| --- |
| **Undertaking** |
| I undertake to:   comply with the General Ophthalmic Service Contracts Regulations 2008 (as amended);   notify the Commissioner within seven days of any material changes to the information provided in the application until the application is finally determined;   provide general ophthalmic services; and   inform the Commissioner whenever changing any of the addresses named in the application for a contract to provide ophthalmic services. |
| **Declarations** |
| I declare that the information provided in this application is accurate in respect of:  20/20 Vision  (name of practice) |

|  |  |
| --- | --- |
| I declare that I have obtained satisfactory clinical references relating to the performers named in this application. | |
| I understand that if I provide information that is inaccurate or untrue I may be prosecuted, and I declare that the information that I have provided is true and accurate to my best knowledge and belief. | |
| **Signed** | John Smith |
| **Date** | 16/09/2019 |
| **Name**  **(BLOCK LETTERS)** | JOHN SMITH |
| **Position held**  **(BLOCK LETTERS)** | OWNER/OPTOMETRIST |

**Please return the application and supporting documentation to:**

**NHS Business Services Authority**

**Provider Assurance – Ophthalmic**

[**nhsbsa.pao-contractadmin@nhs.net**](mailto:nhsbsa.pao-contractadmin@nhs.net)