# Annex 8.13 Mandatory Services: Application from a Contractor for a Contractor variation to Provide Ophthalmic Services at Different or Additional Premises

**1. General Information**

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| **Name of Contractor** |
| Please give full details of contractor including current address |  |
| Please indicate in which area your new premises are located  |  |
| Is this a change of premises or an additional locationPlease complete section 2 and 3 for each new practice | Change/additional |
| **Start date** |
| Please provide the date you wish the variation to start (dd/mm/yyyy) |  |
| **Contact details** |
| Please provide the named contact email and preferred telephone details |  |

2. New Practice details

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| **Practice details:**  |
| Practice name: |  |
| Practice trading name (if different): |  |
| New Practice address: |  |
| Please confirm that the practice premises will be available for the provision of the services from the proposed contract variation start date. | Yes / No |
| Practice telephone number: |  |
| Practice fax number: |  |
| Practice email address:  |  |

3. Premises, equipment and record-keeping

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| **Premises**  |
| Size of premises – in particular the rooms that will be available for sight testing  |
| Waiting areas available – in particular the seating arrangements that are available  |
| Please supply any other relevant information relating to premises to support your application (continue on a separate sheet if necessary):  |
| **Equipment** |
| Please list relevant equipment in support of your application (continue on a separate sheet if necessary):  |
| **Record-keeping** |
| How will individual records be maintained?  | Manual / Computerised / Combination  |
| Will the records be kept on or off the premises? If off, where will they be held and by whom?  | On/off  |
| Please supply any other relevant information relating to record-keeping and information governance arrangements to support your application (continue on a separate sheet if required):  |

4. Other information

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| Please provide evidence that your public liability insurance relating to liabilities to third parties arising under or in connection with the contract that are not covered by the clinical indemnity insurance include the new premises  |
| Any other information the Commissioner may require (please use a separate sheet where needed)  |

5. 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 contract variation 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 general ophthalmic services.
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| **Declaration** |
| I declare that the information provided in this application is accurate in respect of: (name of practice)  |
| 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:** |
| **Date:** |
| **Name (BLOCK LETTERS):** |
| **Position held (BLOCK LETTERS):** |

**6. Additional signature boxes (if required)**

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| **Declaration** |
| I declare that the information provided in this application is accurate in respect of: (name of practice)  |
| 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:** |
| **Date:** |
| **Name (BLOCK LETTERS):** |
| **Position held (BLOCK LETTERS):** |

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| **Declaration** |
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| **Date:** |
| **Name (BLOCK LETTERS):** |
| **Position held (BLOCK LETTERS):** |

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

**pao-cm@nhsbsa.nhs.uk**