**Annex 5.3 Section B – Declaration to Support Application for Contract Provide General Ophthalmic Services as an Individual or Partnership**

Section B is to be completed by the individual or each of the partners of the o p t i ca l practice applying for a contract to provide general ophthalmic services.

**1. Personal details**

|  |  |
| --- | --- |
| **Personal details** | |
| Surname: |  |
| (Dr/Mr/Mrs/Miss/Ms) |  |
| Forename(s): |  |
| Private address: |  |
| Postcode: |  |
| Private telephone number: |  |
| Business telephone number: |  |
| Mobile telephone number: |  |
| Preferred contact number: | Private / Business / Mobile / Other  (delete as applicable – if other please specify) |
| Preferred contact email address: |  |
| Date of birth (dd/mm/yyyy) |  |
| Languages spoken (other than English) |  |
| Remember to tell us if your address changes | |

**2. Performer list**

|  |  |
| --- | --- |
| **Primary care performers list** | |
| Are you included in the national ophthalmic performers list? | Yes / No (Delete answer as applicable) |

**3. Type of practice**

**Type of practice**

I am applying as: an individual / a contractor in a partnership / a contractor and performer / a lay person (delete answer as applicable)

**4. Professional experience**

**Professional experience**

Please provide up-to-date, dated curriculum vitae detailing your professional experience. This must include the start and end dates of each appointment together with an explanation of any gaps between appointments. If you have been dismissed from any post or erased from a clinical professional register, you should provide an explanation.

**5. Registration and qualifications**

|  |  |
| --- | --- |
| **Registration (for completion by optometrist)** | |
| GOC number: |  |
| Date of first registration: |  |
|  |  |
| **Registration (for completion by ophthalmic medical practitioner)** | |
| GMC number: |  |
| Date of first registration: |  |
| OQC number: |  |
| Date of first registration: |  |
|  |  |
| **Registration (for completion by other healthcare professionals)** | |
| Professional registration number: |  |
| Date of first registration: |  |
| Licensing body: |  |
|  |  |
| **Qualification (for completion by all)** | |
| Qualifications: |  |
| Where were they obtained? |  |
| Date they were obtained? |  |

**6. Required documentation**

**Please enclose the following document with your application: Enclosed? (tick - ✓)**

An up-to-date curriculum vitae, which must include the start and

end dates of each appointment together with an explanation for any gaps in service

**7. Declaration and consent**

|  |  |
| --- | --- |
| **Declaration - Delete answer as applicable** | |
| The declaration below is to be completed by each of the individual or each of the partners of the practice applying for a contract to provide ophthalmic services. Please answer yes or no to the following questions: | |
| (a) Have you any criminal convictions in the United Kingdom? | Yes / No |
| (b) Have you ever been bound over following a criminal conviction in the United Kingdom? | Yes / No |
| (c) Have you ever accepted a police caution in the United Kingdom? | Yes / No |
| (d) Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)? | Yes / No |
| (e) Have you, in proceedings in Scotland in respect of an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging you absolutely? | Yes / No |
| (f) Have you been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and W ales? | Yes / No |
| (g) Are you currently the subject of any proceedings that might lead to such a conviction, which has not yet been notified to the Commissioner? | Yes / No |
| (h) Have you ever been the subject to any investigation into your professional conduct by any licensing, regulatory or other body, where the outcome was adverse? | Yes / No |
| (i) Are you currently the subject to any investigation into your professional conduct by any licensing, regulatory or other body anywhere in the world? | Yes / No |
| (j) Have you been subject to an investigation into professional or business conduct in respect of any current or previous employment or business where the outcome was adverse? | Yes / No |
| (k) Are you the subject of any investigation into your professional conduct in respect of any current or previous employment? | Yes / No |
| (l) To your knowledge, are you the subject of any investigation by | Yes / No |

|  |  |
| --- | --- |
| the NHS Business Services Authority in relation to fraud, or have you been notified of the outcome of such an investigation, where it was adverse? |  |
| (m) Are you the subject of any investigation by NHS England, which might lead to your removal from the performers list or termination of any contract with NHS England? | Yes / No |
| (n) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in a primary care list? | Yes / No |
| (o) Are you the subject of a national disqualification or a contract disqualification order? | Yes / No |
| (p) Have you been dismissed (otherwise than by reason of redundancy) from any employment by a health service body within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? | Yes / No |
| (q) If so, were you subsequently re-employed by that health service body or by another health service body or was that dismissal the subject of a finding of unfair dismissal by any competent tribunal or court? | Yes / No |
| (r) If so, were you employed as a member of a health care profession and, if so, was any subsequent employment also as a member of that profession? | Yes / No |
| (s) Have you been removed from, or refused admission to, a performers list by reason of inefficiency, fraud or unsuitability (within the meaning of section 151(2), (3) and (4) of the National Health Service Act 2006) (disqualification of practitioners) respectively within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed? | Yes / No |
| (t) If so, has your name subsequently been re-included in such a list? | Yes / No |
| (u) Have you been adjudged bankrupt or had sequestration of your estate awarded unless (in either case) you have been discharged or the bankruptcy order has been annulled? | Yes / No |
| (v) Have you been made the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986? | Yes / No |
| (w) If so, has that order ceased to have effect or has it been annulled? | Yes / No |

|  |  |
| --- | --- |
| (x) Have you made a composition or arrangement with, or granted a trust deed for, your creditors? | Yes / No |
| (y) If so, has it been discharged or have you been discharged in respect of it? | Yes / No |
| (z) Have you had an administrator, administrative receiver or receiver appointed in respect of yourself? | Yes / No |
| (aa) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed from the office of charity trustee or trustee for a charity by an order made by the charity commissioners or the high court on the grounds of any misconduct or mismanagement in the administration of the charity for which you were responsible or to which you were privy, or which you by your conduct contributed to or facilitated? | Yes / No |
| (bb) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities), from being concerned in the management or control of anybody? | Yes / No |
| (cc) Within the period of five years before the date the contract is to start or, if earlier, the date on which the contract is to be signed, have you been removed under section 34(5) (e) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session) from being concerned with the management or control of anybody? | Yes / No |
| (dd) Are you subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2) (b) of the Insolvency Act 1986 (failure to pay under county court administration order)? | Yes / No |
| If you have answered yes to any of the questions in the declaration please provide details, including approximate dates, of where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome, with an explanation as to why and details of the Commissioner or equivalent body concerned. | |

|  |  |
| --- | --- |
| **Consent** | |
| I consent to the NHS England requesting from any licensing, regulatory or other body in the United Kingdom or elsewhere, information relating to a current investigation, or an investigation where the outcome was adverse. This consent relates to information relating to my individual registration and that of any body corporate with which I have been a director, chief executive or secretary.  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** |  |
| **Dated** |  |
| **Name**  **(BLOCK LETTERS)** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Position held**  **(BLOCK LETTERS)** |  |
| **GOC number** |  |

**Please return Section B with the practice’s application (Section A) and all supporting documentation to:**

**NHS Business Services Authority**

**Provider Assurance – Ophthalmic**

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