**NATIONAL HEALTH SERVICE**

## GENERAL OPHTHALMIC SERVICES (GOS)

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| **DISPENSING ONLY OPTICAL PRACTICE APPLICATION** |

**PLEASE ENSURE THAT THIS APPLICATION IS FULLY COMPLETED.**

**PLEASE RETURN TO:**

NHS Business Services Authority

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

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| For official use – the following must be returned with this form   1. Please supply your bank details on the ‘Section C Bank Mandate’ form found on our website. The bank account name must match the name of the sole trader/partnership or body corporate, and must be signed by the sole trader, **all** partners and **all** directors of the body corporate- as appropriate. 2. GOC registration. 3. Clinical Liability cover. 4. Authorised signatories form. |

**Section 1 – Personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | | | |
| Surname |  | | | |
| Forename |  | | | |
| Sex *(tick as appropriate)* | Male |  | Female |  |
| Date of Birth |  | | | |
| Present Private Address |  | | | |
| Postcode |  | | | |
| Home Tel No |  | | | |
| Mobile Tel No |  | | | |
| Email Address |  | | | |

|  |  |
| --- | --- |
| Accountable Person  *(I.e. name of partner/sole trader etc.)* |  |
| Practice Address |  |
| Practice Tel No |  |
| Practice Email Address |  |

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| --- | --- | --- | --- | --- | --- | --- |
| For DOs: | GOC No: |  | Date of first registration | |  | |
| For OOs: | GOC No: |  | Date of first registration | |  | |
| For OMPs: | GMC No |  | Date of first registration | |  | |
|  | OQC No: |  |  | | | |
| Have you had any previous GOC/GMC registration numbers? | | | Yes |  | No |  |
| If yes, please state previous numbers | | |  | | | |

**QUALIFICATIONS**

Please list your medical/ophthalmic qualifications.

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| --- | --- | --- |
| Qualification | Institution (name and place) | Date of qualification |
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| **Section 2 – Declaration and Undertakings** |

**Declaration: Part A – as an individual**

*(delete as applicable)*

(a) Do you have any criminal convictions anywhere in the world? **YES/NO**

(b) Have you ever been bound over following a criminal conviction? **YES/NO**

(c) Have you ever accepted a police caution in the United Kingdom? **YES/NO**

(d) Have you 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 for 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 Wales? **YES/NO**

(g) Have you been subject to any investigation into your professional conduct by any licensing, regulatory or other body anywhere in the world, where the outcome was adverse? **YES/NO**

(h) Are you currently subject to any investigation into your professional conduct by any licensing, regulatory or other body, anywhere in the world? **YES/NO**

(i) Have you been subject to an investigation into your professional conduct in respect of any current or previous employment where the outcome was adverse? **YES/NO**

(j) Are you currently subject to an investigation into your professional conduct in respect of any current or previous employment? **YES/NO**

(k) To your knowledge, are you currently the subject of an investigation by the NHS Counter Fraud and Security Management Service in relation to Fraud, or have you been notified of the outcome of such an investigation, where it has been adverse? **YES/NO**

(l) Are you the subject of any investigation by another NHS England Area Team or equivalent body, which might lead to your removal from any list or equivalent? **YES/NO**

(m) Have you been removed, contingently removed or suspended from, refused admission to, or conditionally included in any list or equivalent list? **YES/NO**

If any of the above circumstances apply, please give details, which should include; approximate dates, where the investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome.

**Declaration Part B – As a person who is or has been a director of any**

**Body Corporate.**

Are you, or have you in the preceding six months been, or were you at

the time of the originating events, a director of any Body Corporate? **YES/NO**

If yes, please consider the questions below.

If no, please go to Part C.

(a) Does/did the body corporate have any criminal convictions in the United Kingdom? **YES/NO**

(b) Has the body corporate been convicted elsewhere of an offence, that if committed in England and Wales, would constitute a criminal offence? **YES/NO**

(c) Is the body corporate currently the subject of any proceedings which might lead to such a conviction, which have not as yet been notified to the NHS England Area Team? **YES/NO**

(d) Has the body corporate been subject to any investigation into its provision of professional services by any licensing, regulatory or other body anywhere in the world, where the outcome was adverse? **YES/NO**

(e) Is the body corporate currently subject to any investigation into its provision of professional services by any licensing, regulatory or other body anywhere in the world? **YES/NO**

(f) To your knowledge, is the body corporate the subject of any investigation by the NHS Counter Fraud and Security Management Service in relation to fraud, or has it been notified of the outcome of such an investigation, where it has been adverse? **YES/NO**

(g) Has the body corporate been the subject of any investigation by another NHS England Area Team or equivalent body, which has lead or might lead to its removal from any list or equivalent list? **YES/NO**

If any of these situations do apply, please give the name and registered address of the body corporate and supply details including - approximate dates, where the investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome.

**Declaration Part C – As a corporate optician and its directors.**

As a corporate optician, please consider each of the following in respect of all of the directors-

(a) Do any of the directors have any criminal convictions in the United Kingdom? **YES/NO**

(b) Have any of the directors been bound over following a criminal conviction in the United Kingdom? **YES/NO**

(c) Have any of the directors accepted a police caution in the United Kingdom? **YES/NO**

(d) Have any of the directors 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 any of the directors, in proceedings in Scotland for an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging any of them absolutely? **YES/NO**

(f) Have any of the directors been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England and Wales? **YES/NO**

(g) Are any of the directors currently the subject of any proceedings which might lead to such a conviction, which have not yet been notified to the NHS England Area Team? **YES/NO**

(h) Are any of the directors currently subject to any investigation into their professional conduct by any licensing, regulatory or other body? **YES/NO**

(i) Are any of the directors, to your knowledge the subject of any investigation by the NHS Counter Fraud and Security Management Service in relation to fraud, or has been notified of the outcome of such an investigation, where it is adverse? **YES/NO**

(j) Are any of the directors the subject of any investigation by another NHS England Area Team or equivalent body, which might lead to their removal from any list or equivalent list? **YES/NO**

(k) Have any of the directors been removed, contingently removed or suspended from, refused admission to or conditionally included in any list or equivalent list? **YES/NO**

If any of these situations do apply, please give details which include – approximate dates, where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome.

**Part D – Miscellaneous declarations.**

Do you have any outstanding or deferred application for inclusion in an ophthalmic list, or any other list of an NHS England Area Team? If so, please give details. **YES/NO**

As a director of any body corporate, do you have any outstanding applications (including a deferred application) for inclusion in any list, or equivalent lists, of any NHS England Area Team? If yes, please give details. **YES/NO**

Are you a registered ophthalmic practitioner or corporate optician included in the ophthalmic register of the General Optical Council/General Medical Council and if an Ophthalmic Medical Practitioner, are you approved by the Ophthalmic Qualifications Committee? **YES/NO**

**For sole traders and partnerships, please arrange for all appropriate signatories to sign this application below:**

**Sole trader:**

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| **Signature:** |
| **Full Name:** |
| **Date:** |

**Partnership:**

|  |  |
| --- | --- |
| **Signature:** | **Signature:** |
| **Full Name:** | **Full Name:** |
| **Date:** | **Date:** |

**For corporate opticians, please arrange for all directors to sign this application here-**

|  |  |
| --- | --- |
| **Signature:** | **Signature:** |
| **Full Name:** | **Full Name:** |
| **Date:** | **Date:** |
|  |  |
| **Signature:** | **Signature:** |
| **Full Name:** | **Full Name:** |
| **Date:** | **Date:** |