**Annex 5.4 Section A – Mandatory Services: Application for Contract to Provide Ophthalmic Services as a Corporate Body**

**1. Corporate body details**

|  |  |
| --- | --- |
| **Corporate body details** | |
| Full name of corporate body: |  |
| Trading name (if different): |  |
| Practice address: |  |
| Head office address: |  |
| Registered address (if different): |  |
| Practice telephone number (Inc. area code): |  |
| Practice email address: |  |
| Head office telephone number  (Inc. area code): |  |
| Head office email address: |  |
| VAT registration number: |  |
| Company / LLP registration number: |  |
| GOC registration number: Please note: A business that is not using a protected title in its registered name, but uses one in its ‘trading as’ name, still requires GOC corporate registration to use that title. |  |

|  |  |
| --- | --- |
| GOC registration date: |  |
| Remember to tell us if your address(es) changes | |

**2. General information**

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

**3. Declaration**

|  |  |
| --- | --- |
| **Declaration -** Please delete answer as appropriate | |
| The declaration below is to be completed on behalf of the corporate body applying for a contract to provide ophthalmic services. This is in accordance with Schedule 3 of the General Ophthalmic Contract Regulations 2008 as amended. 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 Wales? | Yes / No |
| (g) Are you currently the subject of any proceedings which 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 preview 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 the NHS Business Services Authority in relation to fraud, or have you been notified of the outcome of such an investigation, where it is adverse? | Yes / No |
| (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 on a separate sheet, 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.  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** |  |

**4. Hours**

|  |  |
| --- | --- |
| **Hours services provided** | |
| Please note these hours are the times you provide GOS (i.e. when you will have an optometrist or ophthalmic medical practitioner available to test sight under GOS) which may be different from the practice opening times | |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |
| **Saturday** |  |
| **Sunday** |  |

**5. Owners, directors, chief executives, and company secretaries**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Full name Position** | | **Please tick (✓) which apply** | | | **GOC reg no** |
| **Reg'd Reg'd Reg'd optom OMP DO** | | |
|  | |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Full name Position Lay person** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Performer(s)** | | | |
| **Full name DOB Qualifications GOC reg no** | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Dispensing optician(s)** | | | |
| **Full name DOB Qualifications GOC reg no** | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**7. Premises, equipment and record-keeping**

|  |  |  |
| --- | --- | --- |
| **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** |  | Please delete answer(s) as appropriate |
| How will individual records be maintained? | Manual / Computerised / Combination | |
| Where will the records be held and by whom? |  | |
| Please supply any other relevant information relating to record-keeping (including the security and confidentiality of records) to support your application (continue on a separate sheet if necessary): |  | |
| Please provide the name and position of the person(s) responsible for procedures relating to data protection (including confidentiality) and information governance: |  | |

**8. Required documentation**

|  |  |
| --- | --- |
| **Please enclose the following document with your application: Enclosed? (tick - ✓)** | |
| Section B – Declaration to support application for a contract to provide ophthalmic services as a corporate body from each director, the chief executive and company secretary. |  |
| Evidence of insurance (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) |  |

**9. Undertaking and declarations**

|  |
| --- |
| **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:  (name of body corporate) |
| 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** |  |
| **Date** |  |
| **Name**  **(BLOCK LETTERS)** |  |
| **Position held**  **(BLOCK LETTERS)** |  |

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

**NHS Business Services Authority**

**Provider Assurance – Ophthalmic**

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