

**General Ophthalmic Services
CLAIM FOR PAYMENT OF CET GRANT**

**OPTOMETRIST/OMP CLAIM FOR CET UNDERTAKEN
IN THE YEAR TO 31 DECEMBER 2004**

Grants for CET are payable to a contractor on the Ophthalmic List in Wales.
A payment can be claimed on behalf of an optometrist or ophthalmic medical practitioner in respect of CET he/she has undertaken personally in the year to 31 December 2004.

Part 1: Practitioner details

Full name of optometrist/ophthalmic medical practitioner (block capitals)

GMC or GOC and Ophthalmic list number

Contractor Name and Address (for the relevant period of the claim) to whom payment is to be made

Part 2: Local Health Board details

Name & address of LHB from whom the Wales Assembly Government CET grant is claimed

For a contractor making a claim for himself or herself this should be from an LHB with whom you were registered as a contractor and for whom you provided the majority of your General Ophthalmic Services work for the period covered by the claim. Payment will be made to the contractor at the registered address.

Where the claim is in respect of an employed/locum optometrist the payment must be made to a contractor nominated by the employed/locum optometrist. If they have been employed by more than one contractor then the payment should be made in the LHB area where the employed/locum optometrist carries out the majority of their work for the period of the claim. Payment will be made to the contractor as identified in Part 1. Only one payment may be made in respect of each individual employed/locum optometrist irrespective of the number of employers they work for or the number of LHB areas they supply. The optometrist confirms by signing the declaration below that to his or her knowledge only one claim is being made in their name.

CLAIMS MUST BE SUBMITTED BY 31 March 2006

Sign only part 3(A) or part 3(B) and part 4, if appropriate.

Part 3(A): Declaration by Contractor

I claim payment of the £270 Wales Assembly Government CET grant and I declare that:

- appropriate CET was undertaken during 2004
- I am properly entitled to claim the payment
- the information I have given on this form is correct and complete.

I understand that if it is not appropriate action may be taken.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Local Health Board and the NHS Counter Fraud and Security Management Service.

I confirm that I was a contractor on the Ophthalmic List of the LHB from whom I am claiming this grant during the period covered by this grant and that it is the only claim for the Department of Health CET grant that I have submitted or will submit in respect of 2004.

Signature of Contractor.....

Date..... **GMC/GOC number**.....

Part 3(B): Declaration where the claim is made on behalf of a locum contractor

- I am claiming this grant in respect of the practitioner named in Part 1.
- Where I have provided some or all of the relevant CET, I undertake to retain or share the grant as appropriate. Where I have not provided the CET, I undertake to pay the grant to the practitioner in full unless otherwise agreed between us. I understand that if it is not appropriate action may be taken.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Local Health Board and the NHS Counter Fraud and Security Management Service.

Signature of Contractor.....

Date.....

Part 4: Declaration by Employed/Locum optometrist/OMP

If the claim is in respect of an Employed/Locum optometrist/OMP, the Employed/Locum optometrist/OMP should sign the following declaration:

I declare that:

- I undertook appropriate CET during 2004.
- the information I have given on this form is correct and complete.

I understand that if it is not appropriate action may be taken

I understand that payment will be made to the contractor nominated by me in Part 1.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Local Health Board and the NHS Counter Fraud and Security Management Service.

I also confirm that I was included in the Ophthalmic List of the LHB from whom I am claiming during the period covered by this claim and this is the only claim for the Department of Health CET grant that I have submitted or will submit in respect of my CET in 2004.

Signature of Employed/Locum optometrist/OMP.....

Date..... **GMC/GOC number**.....