

Section A – Additional services: Application for a contract to provide ophthalmic services as a corporate body

Please indicate the area team in which you wish to provide additional services:

Company details

Full name of company _____

Trading name _____
(if different than above)

Address for correspondence _____

Head office address _____

Registered address _____

(if different than above)

Remember to tell us if your address(es) changes

	Practice	Head office
Telephone number (incl area code)		
Fax number (incl area code)		
Email address (practice)		
Email address (head office)		

	Registration number	Registration date
VAT		
Company		
General Optical Council Please note A business that is not using a protected title in its registered name, but uses one in its 'trading as' name, requires GOC corporate registration to trade		

Declaration

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 NHS CB or AT? | 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 |

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

- (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 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 another AT, which might lead to your removal from the primary care list or termination of any contract with that AT? 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) Have you ever been removed, contingently removed or suspended from, refused admission to, or conditionally included in any AT? yes/no
- (p) Are you the subject of a national disqualification or a contract disqualification order? yes/no
- (q) 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
- (r) 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
- (s) If so, were you employed as a member of a healthcare profession and, if so, was any subsequent employment also as a member of that profession? yes/no

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

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| (t) Have you been removed from, or refused admission to, a primary care 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 |
| (u) If so, has your name subsequently been re-included in such a list? | yes/no |
| (v) 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 |
| (w) 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 |
| (x) If so, has that order ceased to have effect or has it been annulled? | yes/no |
| (y) Have you made a composition or arrangement with, or granted a trust deed for, your creditors? | yes/no |
| (z) If so, has it been discharged or have you been discharged in respect of it? | yes/no |
| (aa) Have you had an administrator, administrative receiver or receiver appointed in respect of yourself? | 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 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 |

(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 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

(dd) 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

(ee) 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 NHS CB, AT or equivalent body concerned.

Signed _____ Date _____

Owner(s) /director(s)/chief executive/company secretary

		Please tick which apply			
Full name	Position	Reg'd optom	Reg'd OMP	Reg'd DO	GOC reg no

Full name	Position	Lay person	

Professional staff (employed either directly or indirectly)

Performer(s)			
Full name	DOB	Qualifications	PCT reg no

Dispensing optician(s)			
Full name	DOB	Qualifications	GOC reg no

Clinical assistant(s)		
Full name	DOB	

Equipment/record-keeping

Please give details on the following items:

Equipment for domiciliary provision

- Please list relevant equipment in support of your application (continue on a separate sheet if necessary).

Record-keeping

- In what system will individual records be maintained? (please tick the appropriate box)

Manual

Computerised

Combination

- Will the records be kept on or off the premises? If off, where will they be held and by whom?
- Please supply any other relevant information relating to record keeping to support your application (continue on a separate sheet if required).

Equipment/record-keeping continued...

Please provide the name and position of the person responsible for practices and procedures relating to confidentiality

Date when you wish the contract to start

D	D	M	M	Y	Y
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Does the applicant have a contract with another AT?

yes/no

If yes, please provide details on a separate sheet.

Do you wish to be considered as a health service body for the purposes of this contract?

yes/no

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

Required documentation

Please enclose the following original documents with your application:

- 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 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, which are not covered by the insurance referred to above.

Section A – Additional services application for a contract to provide ophthalmic services as a corporate body

Declaration

I undertake to:

- notify the NHS CB or AT within seven days of any material changes to the information provided in the application until the application is finally determined;
- provide General Ophthalmic Services in the locality of the NHS CB or AT; and
- inform the NHS CB or AT whenever changing any of the addresses named in the application for a contract to provide ophthalmic services.

I declare that:

- the foregoing particulars are correct and make application on behalf of _____ (name of body corporate)
as indicated in the application for a contract to provide ophthalmic services as a body corporate; and
- I have obtained satisfactory clinical references relating to the performers named within this application.

I can confirm that I have read and understood the declaration and undertakings within the application for a contract to provide ophthalmic services as a body corporate.

Signed _____ Date _____

Name _____
(Block letters)

Position held _____
(Block letters)

Please return the application and supporting documentation to:

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