

**GENERAL OPHTHALMIC SERVICES
CLAIM FOR PAYMENT OF CONTINUING EDUCATION AND TRAINING (“CET”) ALLOWANCE**

**CLAIM FORMS MUST BE SUBMITTED TO THE RELEVANT PRIMARY CARE TRUST
(NOT THE DEPARTMENT OF HEALTH)**

CET allowance payments are payable to contractors. A payment can be claimed by a contractor in respect of either:

- (a) CET he/she has undertaken personally in the year between 1st January to 31 December 2011.
- (b) CET undertaken in the year between 1st January to 31 December 2011 by an ophthalmic practitioner on an Ophthalmic Performers List.

CLAIMS MUST BE MADE BETWEEN 1 July 2012 AND 31 October 2012

Part 1: Contractor details
Name of contractor

Practice address as at 1 July 2012

Part 2: Primary Care Trust details
Name & address of the Primary Care Trust from whom the CET allowance payment is claimed

For a contractor making a claim for himself or herself this should be to a Primary Care Trust with which he or she is listed as a contractor and for which he or she currently provides the majority of his or her General Ophthalmic Services work. Payment will be made to the contractor at the address provided above. Claims in respect of an ophthalmic practitioner on an ophthalmic performers list must be made to the Primary Care Trust in whose ophthalmic performers list that ophthalmic practitioner is included.

PLEASE DO NOT SEND CLAIM FORMS TO THE DEPARTMENT OF HEALTH

Part 3: Ophthalmic practitioner’s details (if claim is in respect of an ophthalmic practitioner)
Name of ophthalmic practitioner
Ophthalmic Performers List number (including prefix & suffix)

Where the claim is in respect of an ophthalmic practitioner the claim must be made by a contractor. The CET allowance payment is made to the contractor in respect of that ophthalmic practitioner (who should be nominated for the purposes of this claim by the ophthalmic practitioner by way of declaration on this claim form if they have been employed by more than one contractor). The claim should be made to the Primary Care Trust in whose ophthalmic performers list the ophthalmic practitioner is included at the date of claim. Payment of a CET allowance will be made to the contractor identified in Part 1. Only one CET allowance payment may be made in respect of each individual ophthalmic practitioner, irrespective of the number of contractors they work for or the number of Primary Care Trusts where they do so. The ophthalmic practitioner confirms by signing the declaration below that to his or her knowledge only one claim is being made in their

name and no other CET allowance payment has been made by a Primary Care Trust in their name to a contractor.

Part 4: Declaration by Contractor

I claim payment of the £503 CET allowance payment and I declare that:

- appropriate CET was undertaken between 1st January 2011 and 31st December 2011
- I am properly entitled to claim the payment of CET allowance.
- 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 Primary Care Trust and the NHS Counter Fraud and Security Management Service.

Where this is in respect of my personal CET, I also confirm that I am a contractor with the Primary Care Trust from whom I am claiming this CET allowance payment and that it is the only claim for the CET allowance payment that I have submitted or will submit in respect of 2011.

For claims made in respect of a named ophthalmic practitioner I confirm that the information provided is correct to the best of my knowledge and that appropriate action may be taken if there is proved to have been more than one claim or payment made in respect of the named ophthalmic practitioner. I further confirm that, if I have not made CET available in paid time or under an alternative arrangement agreed between us, I will pass on the CET allowance payment to the named ophthalmic practitioner. In the case of a registered optometrist subject to the requirements of the General Optical Council (GOC), if I have made available fewer than 12 GOC accredited points of CET I will pass on to the named practitioner a proportion of the payment calculated either on a basis agreed between us or, failing that, pro rata, based on 12 points made available entitling me to retain 100% of the annual grant. .

Written Signature of Contractor

Date

Part 5: Declaration by Ophthalmic Practitioner

If the claim is in respect of an ophthalmic practitioner, the practitioner should sign the following declaration:

I understand that my contractor is claiming payment of the £503 CET allowance payment in respect of myself and I declare that:

- I undertook appropriate CET between 1st January 2011 and 31st December 2011.
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken.
- No other claims have been made on my behalf to another Primary Care Trust and no payments have been made by another Primary Care Trust in respect of me.

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 Primary Care Trust and the NHS Counter Fraud and Security Management Service.

I also confirm that I am included in an Ophthalmic Performers List of a Primary Care Trust and this is the only claim for the CET allowance payment that has been submitted or will be submitted with my agreement in respect of my CET in 2011.

Written Signature of Ophthalmic Practitioner

Date

CLAIMS MUST BE SUBMITTED BETWEEN 1 July 2012 AND 31 October 2012

Form CET 11

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