caprap.bso@hscni.net

ANNEX A
FORM GDS1

HEALTH SERVICE

PEER REVIEW SCHEME FOR DENTISTS

TO: THE BUSINESS SERVICES ORGANISATION (DENTAL DIRECTORATE)

Please fill in this form as fully as possible. The names, addresses and contract numbers of all dentists in the group must be entered and each dentist must include his/her signature to claim his/her part of the funding. The form is also a claim for funding towards the cost of secretarial support which will be paid at the end of the project. Travel must be claimed separately at the end of the project. In order that the Department may earmark sufficient funding for a project, estimates must be given of the amounts likely to be involved for secretarial support as well as travel.

PERSONAL DETAILS

Please enter details of the group's **convenor**:

Surname		**Title**	

First Names	

Practice Address	
Post Code	
Telephone No	
Contract No/ GDC No	
email	

Number of Dentists in the Group (Must be between 4-8)	
If any dentist in the group is not a GDP please give details of his/her status:	
No of hours proposed	
No of Meetings Planned	

If the Group will be using any source material for the review, please give details:

If secretarial support is claimed give an estimate of the amount likely to be involved:

£

If the project will involve members who need to travel which will result in a claim for expenses, please estimate the total mileage which will be involved:

Miles

Describe the aspects of the practice which will be the subject of the review including the GDC Development Outcome for each topic. (If necessary continue on a separate sheet and attach to this form. Further info in relation to GDC Development Outcomes is available at https://www.gdc-uk.org/professionals/cpd/enhanced-cpd).

Topic	GDC Development Outcome

DECLARATION BY CONVENOR

I declare that:

I agree to provide a summary of the group's activities at the end of the review. The information given on this form is correct.

I apply for funding for my participation in a project under the Peer Review Scheme.

I apply for funding for secretarial support for the Peer Review project.

Convenor's signature Date

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PERSONAL DETAILS OF **OTHER** DENTISTS IN THE PEER REVIEW GROUP

Please fill in your details and sign the form:

Surname		**Title**	

First Names	

Practice Address	
Post Code	
Telephone No/ email	
Contract No/GDC No	

I apply for funding for my participation in a project under the Peer Review Scheme.

SIGNATURE:.....DATE:.....

Surname		**Title**	

First Names	

Practice Address	
Post Code/ email	
Telephone No/ email	
Contract No/GDC No	

I apply for funding for my participation in a project under the Peer Review Scheme.

SIGNATURE:.....DATE:.....

Surname		**Title**	

First Names	

Practice Address	
Post Code	
Telephone No/ email	
Contract No/GDC No	

I apply for funding for my participation in a project under the Peer Review Scheme.

SIGNATURE:.....DATE:.....

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Surname		**Title**	

First Names	

Practice Address	
Post Code	
Telephone No/ email	
Contract No/GDC No	

I apply for funding for my participation in a project under the Peer Review Scheme.

SIGNATURE:.....DATE:.....

Surname		**Title**	

First Names	

Practice Address	
Post Code	
Telephone No/ email	
Contract No/GDC No	

I apply for funding for my participation in a project under the Peer Review Scheme.

SIGNATURE:.....DATE:.....

Surname		**Title**	

First Names	

Practice Address	
Post Code	
Telephone No/ email	
Contract No/GDC No	

I apply for funding for my participation in a project under the Peer Review Scheme.

SIGNATURE:.....DATE:.....

Surname		**Title**	

First Names	

Practice Address	
Post Code	
Telephone No/ email	
Contract No/GDC No	

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SIGNATURE:.....DATE:.....

Surname		**Title**	

First Names	

Practice Address	
Post Code	
Telephone No/ email	
Contract No/GDC No	

I apply for funding for my participation in a project under the Peer Review Scheme.

SIGNATURE:.....DATE:.....