

Declaration for Health Service Dentists

This data contained on this form will be used in the assessment of the following: *CPD Allowance;*
Practice Allowance

Information contained on this form will routinely be shared with HM Revenue and Customs to assure the veracity of claims.

PARTICULARS OF DENTIST (Please complete this section in BLOCK CAPITALS)

Mr/Mrs/Miss/Dr/Other Surname Forename

DS No. Bar. GDC No: Surgery No.
(For office use only)

Practice Address and Post Code

Email address:

I am completing this form in relation to figures provided to HMRC for the Tax year 20__/__

Part 1 (to be completed by Principal, Associate Practitioners and Assistant Practitioners as appropriate)

DECLARATION (Principals, Associates and Assistants)

1) To be completed by EVERY practitioner for each surgery they work in.

I hereby declare that % of my gross earnings from dentistry* for the tax year stated above was attributable to Health Service gross earnings, as certified and signed by my accountant at my own expense.

*Includes all income from Health Service and private dental care.

I declare myself as (please tick) **Full-time dentist** **Part-time dentist****

****(only tick if 85% or above Health Service)**

I declare that the information given on this form is, to the best of my knowledge, correct and complete and I understand that if it is not, action may be taken against me. For the purposes of verification of this claim, I consent to the disclosure of relevant information.¹

Signature: -

Date: -

Print Name: -

¹ 'All data access will be governed by the provisions set out in both the Data Protection Act 2018 and the Freedom of Information Act 2000. The BSO will hold all information received securely and in regard to electronic data, in line with all governing ICT Security policies.'

Part 2 (To be completed by Accountant)

I certify that the proportion of earnings from dentistry provided at the address on this form, attributable to Health Service gross earnings for the tax year indicated in the declarations above is correct.

Accountant's Stamp

Accountant's Signature: -

Print Name:

Date: -

*This form should be returned to: **Business Service Organisation, Dental Payments, 2 Franklin Street, Belfast, BT2 8DQ***

Notes

1. Before completing this form, dentists should read The SDR Determination VII (Continuing Professional Development Allowances) paragraph 5 'claims for allowance' and Determination X (Practice Allowance) paragraph 3 'Payments' and paragraph 4 'Conditions for part-time dentists'.
2. Practitioners must declare the health service proportion of the total gross earnings **from all dentistry** provided at the practice address on this form.
3. As the HSCB contracts only with individual dentists, the same rules apply to all dental practitioners irrespective of whether they have incorporated. Dentists must declare the health service proportion of the total gross earnings **from all dentistry** provided at the practice address on this form. For the purposes of calculating GDS payments associated with the DA1 form, the HSCB and BSO do not recognize any other administrative arrangement which incorporated practices may have made for business reasons.
4. Practitioners should refer to MDS XXX for information relating to 'last full tax year' which can be downloaded at:
 - a. <http://www.hscbusiness.hscni.net/services/2370.htm>