

REVENUE GRANT SCHEME (RGS) APPLICATION FORM 2021/22

Name of Practice Principal:	
Practice Name & Address:	
	Post Code:

Surgery no. _____ Practice Principal DS No. (for payment) _____

REVENUE GRANT ALLOCATION = £ _____
 (Based on Health Service list size as of January 2022)

Invoice Description <i>(details of supplier, purchases, installation costs, professional fees)</i>	Amount
<i>Continued overleaf</i>	
Total:	

If the purchase(s) complies with the list in Annex 2, HSCB will instruct BSO to reimburse you up to your maximum grant revenue allocation or the sum of your accepted invoices(s) (whichever is the lesser amount)

PRACTICE DECLARATION

Conditions

- I confirm that the practice commits to maintaining (or increasing) current patient registration numbers until 31st March 2024 within a 5% tolerance.
- I confirm that the practice will not proactively de-register patients or switch HSC patients to private/independent care during the remainder of 2021/22, other than for the reasons set out in the GDS Regulations.

- I confirm that the practice will not proactively de-register patients or switch HSC patients to private/independent care during 2022/23, other than for the reasons set out in the GDS Regulations.
- I understand that failure to meet these conditions will result in the grant allocation being recovered by the HSCB.
- I confirm that the practice will only claim for purchases made in 2021/22 that comply with the criteria in Annex 2.
- I confirm that the practice will retain original receipts and will provide them to HSCB if required.
- I declare that the information given on this form is correct and complete and I understand that if it is not, action may be taken against me.

(to be signed by Practice Principal)

Signature: _____ Date: _____

Invoice continuation (if required)

Invoice Description <i>(details of supplier, purchases, installation costs, professional fees)</i>	Amount
Total:	

This form, along with any receipts, should be emailed to:
GDS.Correspondence@hscni.net

When emailing, please include your surgery number and Revenue Grant Scheme in the subject field for ease of reference ie 123 – Revenue Grant Scheme