

15C Ophthalmic Medical Practitioner Application

**CONTRACTOR APPLICATION****Application for inclusion by an Ophthalmic Medical Practitioner in the General Ophthalmic Services Ophthalmic List for the provision of General Ophthalmic Services (including mobile services)****1. CONTRACTOR DETAILS****The Ophthalmic Medical Practitioner will be registered as an Ophthalmic Contractor.**

Full Name of Ophthalmic Medical Practitioner (as registered with the GMC):

.....

GMC Number: .....

Practice Name: .....

Trading name (if different to Practice Name):

.....

Address of Proposed Premise:

.....

Town/City: ..... Postcode: .....

Telephone number: .....

Email address: .....

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**Head office address/correspondence address (if different to above):**

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Town/City: ..... Postcode: .....

Head office telephone number (if applicable): .....

Email address: .....

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**Please indicate your preferred inclusion date on the Ophthalmic List (backdating will not be accepted):** .....

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**2. General Ophthalmic Service Details**

GOS Services will be provided:

- In practice premises only
- In practice premises plus mobile services (domiciliary)
- Mobile Practice only (domiciliary)

Practice Premises are:

- Newly converted or refurbished
- Existing premises

**Please note that a Premises Inspection will need to be carried out prior to approval to be included on the Ophthalmic List as held by the Strategic Planning & Performance Group (SPPG).** This will be carried out by an Optometric Clinical Adviser of the Strategic Planning & Performance Group.

**3. Practice Details**

Details of deputies, directors or employees at practice (regularly engaged in assisting in the provision of General Ophthalmic Services in the practice or in the provision of mobile eye services)

Name	GOC/GMC number	Personal Code
.....	.....	.....
.....	.....	.....
.....	.....	.....

Practice opening hours:

- Monday .....
- Tuesday .....
- Wednesday .....



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Thursday .....

Friday .....

Saturday .....

Sunday .....

**Do you wish to provide mobile services?**

Yes  No

Mobile locations to be visited regularly:

(to be completed by mobile service providers only, continue on separate sheet if required)

Type (e.g. day centre, residential home, private address)	Full name of home/day centre and address including postcode	Months in which visits are planned and the planned interval

**4. Declarations and Undertakings**

**I give the above undertakings, declarations and consent and I HEREBY DECLARE that the information given here, and on any continuation sheet, is true and complete.**

- I. I declare that I am currently included in the register of the General Medical Council.
- Yes       No

- II. I declare that my qualifications and experience have been approved by the Ophthalmic Qualifications Committee and I am an ophthalmic medical practitioner.
- Yes       No

Date approved as an Ophthalmic Medical Practitioner: \_\_\_\_\_

- III. I undertake to be bound by and comply with the Terms of Service in accordance with Schedule 1 of the General Ophthalmic Services Regulations (Northern Ireland) 2007 and the Health and Personal Social Services (Optical Charges and Payments) Regulations (Northern Ireland) 1997.
- Yes       No
- IV. I undertake to be bound by and comply with the Terms of Service in accordance with Schedule 1 of the General Ophthalmic Services Regulations (Northern Ireland) 2007 relevant to the provision of mobile eye services.
- Yes       No       N/A (if not providing Mobile Services)
- V. I confirm I have not been suspended by direction of the Tribunal (i.e. suspended in respect of the provision of General Ophthalmic Services to patients pursuant to paragraph 9(3) or paragraph 10(1) of Schedule 11 to the Order, or to any provisions in force in England and Wales or Scotland corresponding to those provisions). I am not disqualified from inclusion by virtue of the provisions of paragraphs 5, 7, 9(5), 10(1) or 12(2) of Schedule 11 to the Order.
- Yes       No

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VI. I agree to notify the Strategic Planning & Performance Group of any change or addition affecting the entries which the ophthalmic list is required to contain in relation to the above contractor, within fourteen days of them happening.

Yes       No

VII. I hold indemnity insurance against claims relating to the General Ophthalmic Services undertaken at the practice and/or for mobile eye services.

Yes       No

(Please supply documentary evidence of indemnity)

**If 'No' is answered to any of the above please provide details in the box below:**

**I consent to the Strategic Planning & Performance Group making contact with any organisation it deems necessary to verify or validate any of the information I have provided in this application.**

**I agree that should the Strategic Planning & Performance Group, when considering the application, consider it necessary to request further information, references or documentation in order to decide the application's outcome I will comply with any such reasonable requests.**

**I agree to give the Strategic Planning & Performance Group three months notice in writing of the intention to withdraw from the ophthalmic list unless it is impracticable to do so.**

Signed:

.....

Full Name:

.....

Position held: .....

Date: .....

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In order to proceed with your application you must enclose the following items:

1. Current Optical/Medical Professional Indemnity Insurance

**Your GMC registration status will be confirmed prior to Ophthalmic Listing being approved.**

**Any queries regarding this application can be sent to [Karen.Lee@hscni.net](mailto:Karen.Lee@hscni.net) or phone 028 95363745**

**The application process is managed by Professional Support Team, BSO on behalf of the Strategic Planning & Performance Group.**

**Please submit this completed application form and supporting documentation to:**

Ophthalmic Professional Services Support  
Professional Support Team  
Business Services Organisation  
2 Franklin Street  
Belfast  
BT2 8DQ email: [Karen.Lee@hscni.net](mailto:Karen.Lee@hscni.net)