

STRATEGIC PLANNING & PERFORMANCE GROUP, DOH /
BUSINESS SERVICES ORGANISATION

APPLICATION FOR ENROLEMENT WITH THE STRATEGIC PLANNING & PERFORMANCE
GROUP, DEPARTMENT OF HEALTH

OPHTHALMIC MEDICAL PRACTITIONER – GENERAL OPHTHALMIC SERVICES

To enrol with the Strategic Planning & Performance Group (SPPG), Department of Health (DOH) please complete all relevant sections of this form. Please return the completed form to: **Mrs Karen Lee, Ophthalmic Directorate, Business Services Organisation, 2 Franklin Street, Belfast BT2 8DQ / Karen.Lee@hscni.net** After the completed form has been received and reviewed, an induction with the Optometry Staff of the Strategic Planning & Performance Group (SPPG) will be arranged. **Please note you cannot provide General Ophthalmic Services (GOS) until you have been issued with a personal code.**

You must include: (original copies only, photocopies are not acceptable and certificates will be returned).

1. A current Certificate of Registration with the General Medical Council.
2. Certificate of Professional Qualification.
3. Consent Declaration.
4. Photographic Identification. Please attach a copy of your Photographic Identification when submitting your application.

PART 1

PERSONAL DETAILS

PLEASE PRINT DETAILS BELOW

FORENAME(s): _____

SURNAME: _____

PREVIOUS SURNAME(s): _____

PRIVATE ADDRESS: _____

TOWN/CITY: _____

POSTCODE: _____

TELEPHONE NO: _____

EMAIL ADDRESS:

(Please remember to use upper and lower case as appropriate for email)

Please note that the Strategic Planning & Performance Group (SPPG) and Business Services Organisation will use the above details to contact you. Please ensure that you inform the Business Services Organisation of any changes to the above details.

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PART 2

OPHTHALMIC QUALIFICATION(S)/REGISTRATION AS A DOCTOR IN THE U.K.

Qualifications: _____
 Date this qualification was gained: Day_____Month_____Year_____
 Date of U.K. registration as a Doctor: Day_____Month_____Year_____
 Date approved by the Ophthalmic Qualifications
 Committee as an Ophthalmic Medical Practitioner: Day_____Month_____Year_____

General Medical Council Number: _____
Your GMC registration status will be confirmed prior to enrolment.

PART 3

NORTHERN IRELAND EMPLOYMENT/PRACTICE INFORMATION

1. I am/will be a self-employed Ophthalmic Medical Practitioner Yes / No *
 *Please delete whichever is not applicable.
- OR**
2. I am/will be employed by _____

Name and Address(es) of Optometric Practice or Consulting Rooms	Premises Code
1.	
2.	

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PART 4

DECLARATIONS

A) HEALTH CLEARANCE

In line with Department of Health, NI guidance on Health Clearance for Health Care workers in relation to Tuberculosis (TB) please answer the following questions. The information provided will be treated in strict confidence. Applicants who are concerned about health clearance in regard to TB may contact a SPPG optometric adviser to discuss their application in advance of submitting their application.

Do you have any of the following? - :

A cough which has lasted more than 3 weeks	Yes	No*
Unexplained weight loss	Yes	No*
Unexplained fever	Yes	No*
Have you had Tuberculosis (TB) or been in recent contact with open TB	Yes	No*

*Please delete whichever is not applicable.

N.B If the answer to any of the above questions is 'Yes' an optometric adviser will contact the applicant to discuss the application.

B) PREVIOUSLY/PRESENTLY DELIVERING GENERAL OPHTHALMIC SERVICES

Have you previously or are you presently delivering GOS in another part of the UK

Yes **No***

*Please delete whichever is not applicable.

If you have answered yes to the question above please provide details of the NHS Commissioning Organisation for which you have delivered GOS:

	Name of NHS Commissioning Organisation	Address of NHS Commissioning Organisation (including phone number and email address if possible)
1.		
2.		
3.		

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C) DECLARATIONS

1.	Are you currently the subject of any NHS* investigations that could result in your removal from your Ophthalmic or Supplementary List? *any organisation which maintains an ophthalmic or supplementary list in England/Wales/Scotland	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Have you ever been refused admission to or conditionally included in, removed, contingently removed or suspended from your Ophthalmic List or Supplementary List?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you ever been the subject of an investigation by your organisation into your professional conduct or performance by the NHS Counter Fraud and Security Management Service where the finding was adverse?	Yes <input type="checkbox"/> No <input type="checkbox"/>

N.B If the answer to any of the 3 questions above is 'Yes' an optometric adviser will contact the applicant to discuss the application.

D) CONSENT

I declare that I am a fully registered ophthalmic medical practitioner currently included in the General Medical Council's Register in the name shown at the beginning of this form. 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 consent to the SPPG/BSO making contact with any organisation it deems necessary to verify or validate any of the information I have provided in this application.

Signed: _____

Print Name: _____

Date: _____

Please remember to include the following with your application:-

The Consent Declaration, Qualifications and a copy of your Photographic Identification