

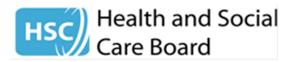
CONTRACTOR APPLICATION

Application for inclusion by an Ophthalmic Optician to the General Ophthalmic Services Ophthalmic List for the provision of General Ophthalmic Services (including mobile services)

1. OPTICIAN DETAILS

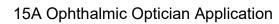
The Ophthalmic Optician will be registered as an Ophthalmic Contractor. ('Ophthalmic Optician' refers to Optometrist).

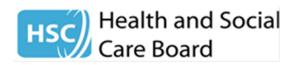
Full Name of Ophthal	lmic Optician (as registered wit	h the GOC):
GOC Number: . Practice Name: . Trading name (if diffe	erent to Practice Name):	
Address of Proposed	Premise:	
Town/City: Telephone Number:		Postcode:
	correspondence address (if diff	,
Town/City: Head office telephone	e number (if applicable):	Postcode:
_	r preferred inclusion date on	•



2. General Ophthalmic Service Details

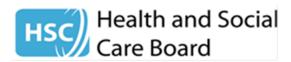
GOS Service	es will be provided:		
□ In pra	ctice premises only		
□ In pra	ctice premises plus mo	bile services (domiciliary)	
□ Mobile	e Practice only (domicili	ary)	
Practice Pre	mises are:		
□ Newly	converted or refurbish	ed	
□ Existin	ng premises		
approval to Care Board	be included on the Oլ	ection will need to be carrie ohthalmic List as held by th arried out by an Optometric (ne Health & Social
3. Practice I	Details		
assisting in t	•	oloyees at practice (regularly Ophthalmic Services in the p	
Name		GOC/GMC number	Personal Code
Practice ope	ning hours:		
Monday			
Tuesday			
Wednesday			





Friday		
Saturday		
Sunday		
Do you wish	to provide mobile services?	
□ Yes □ No		
Mobile locatio	ns to be visited regularly:	
(to be completed)	ted by mobile service providers only,	continue on separate sheet if
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

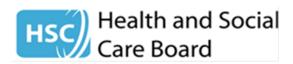
Thursday



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.

1.	Council. Series of the General Optical Pres No
II.	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
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 relevant to the provision of mobile eye services. □ Yes □ No □ N/A (if not providing Mobile Services)
IV.	I confirm I have <u>not</u> 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.
V.	I agree to notify the Health and Social Care Board 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
VI.	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 Health and Social Care Board 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 Health and Social Care Board, 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 Health and Social Care Board three months notice in writing of the intention to withdraw from the ophthalmic list unless it is impracticable to do so.

Signed:	
Full Name of	Applicant:
Date:	

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

1. Current Optical/Professional Indemnity Insurance

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

Any queries regarding this application can be sent to Karen.Lee@hscni.net or phone 028 95363745

The application process is managed by Professional Support Team, BSO on behalf of the HSCB.

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