

GENERAL OPHTHALMIC SERVICES (GOS)

GOS Specialist Supplementary Service

STREAM B Application Form

This application form is for use by an Independent Prescriber (IP) Optometrist or Ophthalmic Medical Practitioner (OMP) who wishes to enter into an arrangement with a Health Board for the provision of GOS Specialist Supplementary. A separate application form is required for each Health Board with which you are applying to enter into such arrangements.

* Fields marked with an asterisk (*) are mandatory, failure to complete these will result in the form being returned to the applicant. For a Part 1 listing application, at least one practice must be entered in Section C. For a Part 2 listing application, leave Section C blank.

SECTION A: IP OPTOMETRIST/OMP DETAILS:

*Forename

*Ophthalmic List Number

*Surname

*GOC/GMC Number

*Prescriber Code

*This information may be found on your NHS Scotland prescription pad,
or via Ophthalmic Clinician Data Access (OCDA) application in TURAS.*

SECTION B: LISTING DETAILS

Please select the Health Board area that you are applying to provide GOS Specialist Supplementary Service in from the drop down list.

*Health Board

*Listing: Part 1

Part 2

SECTION C: PART 1 PRACTICE DETAILS

For applications under Part 1 listing status, provide details of the location(s) from where GOS Specialist Supplementary will be provided (use the 'Additional Practice Addendum' form to list any additional practices):

Practice Name

Practice Payment Location Code

Practice Address Line 1

Practice Address Line 2

Practice Town/City

Practice Postcode

Practice Name

Practice Payment Location Code

Practice Address Line 1

Practice Address Line 2

Practice Town/City

Practice Postcode

Practice Name

Practice Payment Location Code

Practice Address Line 1

Practice Address Line 2

Practice Town/City

Practice Postcode

SECTION D - DECLARATION:

I confirm that the information contained within this application is correct and complete. I understand that, if it is not, appropriate action may be taken.

*Agree

I confirm that in providing GOS Specialist Supplementary I will work within my own level of competence and experience, and in line with Annex C of the **Statement** issued by Scottish Ministers under regulation 17 of the **National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006**, as amended.

*Agree

I confirm that I will fully comply with the Terms of Service applicable to GOS Specialist Supplementary as set out in the **National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006**, as amended.

*Agree

(For Part 1 listed individuals only) For an application in relation to practice premises, I confirm that the location(s) set in out in SECTION C meets the minimum requirement for equipment as set out in Appendix E of the **Statement** and that appropriate clinical waste management and disposal arrangements are in place. In addition, where it has been stated that domiciliary GOS Specialist Supplementary will be provided from this location(s), I confirm that the minimum requirement for equipment as set out in Appendix E of the **Statement** has been met.

For an application in relation to mobile providers, I confirm that the provider set out in SECTION C meets the minimum requirement for equipment as set out in Appendix E of the **Statement**.

Agree

The information you have provided within this application form will be used by NHS Scotland to carry out its various functions in relation to GOS Specialist Supplementary. Information relevant to this application will be held within the National Primary Care Clinician Database (NPCCD) and publicly available on NHS Inform.

I give my permission for NHS National Services Scotland and the Health Board listed above to process the data contained within this application form.

*Agree

*Date of declaration

Completed forms must be emailed to the Health Board from your **NHS email address**. Health Board contact details can be found on the **eyes.nhs.scot** website.