

GENERAL OPHTHALMIC SERVICES (GOS)

GOS Specialist Supplementary Service

Withdrawal Form

This form is for use by a specialist optometrist independent prescriber (SIP) or specialist ophthalmic medical practitioner (SOMP) who wishes to withdraw from arrangements with a Health Board for the provision of the GOS Specialist Supplementary Service.

A separate application form requires to be completed and submitted for each Health Board to which the withdrawal applies.

** Fields marked with an asterisk (*) are mandatory, failure to complete these will result in the form being returned to the applicant.*

SECTION A: SIP/SOMP 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:

*Health Board

*Listing:

Part 1

Part 2

SECTION C:

For applications under Part 1 listing status, provide details of the location(s) from where you will no longer provide GOS Specialist Supplementary (use the "Additional Practice Addendum" form to list any additional practices): These practice must be located within the Health Board detailed in SECTION B.

*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 hereby give notice that I wish to withdraw from arrangements for the provision of GOS Specialist Supplementary in relation to the Health Board/practice location(s) stated above.

*Agree

In withdrawing from arrangements for the provision of GOS Specialist Supplementary, I confirm that I have made arrangement for patients attending the practice location(s) listed above to continue to receive care where this is required.

*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).

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 detailed in SECTION B from your **NHS email address**. Health Board contact details can be found on the ***eyes.nhs.scot*** website.