

PORTABLE SLIT LAMP GRANT
PRACTICE PREMISES



Use this form to claim the Portable Slit Lamp Grant in accordance with circular [PCA\(O\)2026\(03\)](#)

PART 1: Practice Details

- | | |
|----------------------------|--------------------------|
| 1. Name of practice | 6. Payment Location Code |
| 2. Practice address line 1 | |
| 3. Practice address line 2 | |
| 4. Town/City | |
| 5. Postcode | |

PART 2: Claim Amount and Portable Slit Lamp Serial Number Details

- | | |
|------------------|---------------|
| 7. Value Claimed | 8. Serial no. |
|------------------|---------------|

Note: Value should not exceed £5,000.00 excluding VAT

PART 3: Declaration

The portable slit lamp in respect of which this grant claim is made meets the minimum standards set out under paragraph 10 of PCA(O)2026(03)

The portable slit lamp in respect of which this grant claim is made was ordered and received between 1 April 2025 to 31 March 2026 inclusive

The portable slit lamp in respect of which this grant claim is made is being or will be maintained in accordance with the manufacturer's guidelines

EITHER

I confirm that the practice premises in respect of which this grant claim is made has provided at least one General Ophthalmic Services (GOS) eye examination in a domiciliary setting within the period 1 April 2025 to 31 March 2026 inclusive, and commits to continuing to provide GOS eye examinations in a domiciliary setting until at least 31 March 2027

OR

I confirm that the practice premises in respect of which this grant claim is made has not provided at least one GOS eye examination in a domiciliary setting within the period 1 April 2025 to 31 March 2026 inclusive, but commits to providing GOS in a domiciliary setting until at least 31 March 2027. I confirm that I will notify the relevant Health Board (in accordance with Regulation 7(2)(a) of the National Health Services (General Ophthalmic Services) (Scotland) Regulations 2006) that the practice premises is undertaking to provide GOS in a domiciliary setting, within seven days of submitting this form to NHS National Services Scotland (NSS), in order that the information held on the Board's Ophthalmic List regarding the practice premises is updated.

I confirm that I am the practice owner, or authorised to sign and submit this claim on behalf of the practice owner.

I confirm that no previous claim has been made by this PLC for the portable slit lamp equipment referenced above.

I confirm that the information provided in this claim is accurate and valid. If it is found not to be, I understand that appropriate action may be taken and any payment made will be wholly recovered by NSS from other payments to be made to the practice guidelines

- | | |
|------------------------------------------|---------------------|
| 11. Claimant Name | 13. eOphthalmic PIN |
| 12. Designation
(e.g. Practice Owner) | 14. Date DD/MM/YYYY |

Completed forms must be emailed to Practitioner Services from your **NHS email address**.
Send completed form to NSS.psdgospplg@nhs.scot with '**Portable Slit Lamp Grant**' in the subject field.
Do not send this form by post.