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**Section A - Additional services: Application for a contract to provide ophthalmic services as an individual or partnership**

**Different types of partnerships and the type of GOS contract application forms required**

**General Partnerships**

This is a partnership where two or more persons are carrying out a business purpose. General partners share equal rights and responsibilities and assume full responsibility for all business debts and obligations. The benefit is in the tax advantages of being a general partnership and these are governed by the Partnership Act 1890

1. GOS Application – partnership application Section A and B
2. GOS Contract type – partnership contract

**Limited Partnership**

This is a partnership where the limited partners are able to restrict their personal liability to the stake in the business, i.e. their investment. A limited partnership must have at least one general partner taking on the full responsibility for the business debts and obligations. The general partners retains the right to control the business whilst the limited partners do not participate in management decisions. A limited partnership must register with companies house, their business name would end in LP, they are governed by the Limited Partnership Act 1907

1. GOS Application – partnership application section A and B
2. GOS Contract type – partnership contract

**Limited Liability Partnership / Body Corporate**

A limited partnership offers the tax advantage of a general partnership but also offers personal liability protection to its participants. Individual partners are not liable for the wrongful acts of other partners or the debts or obligations of the business. These are governed by the Limited Liability Partnership Act 2008

1. GOS Application – body corporate application Section A and B
2. GOS Contract type – body corporate contract

**Section A - Additional services: Application for a contract to provide ophthalmic services as an individual or partnership**

Please indicate in which area team in which you wish to provide additional services:

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| **Practice details** |

Practice title \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Practice trading name (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for correspondence \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_

Contact telephone number

Contact fax number (if any) \_\_\_\_\_\_\_\_\_\_\_

Contact email address (if any) \_\_\_\_\_\_ \_

VAT registration number \_\_\_\_\_\_ \_\_\_\_\_\_\_

GOC number if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remember to tell us if your address changes

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| **Owner(s)/partner(s)** |

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|  | | **Please state whether a General or Limited Partner** | **Please tick which apply** | | |  |
| **Full name** | **Position** | **G or L** | **Reg’d**  **optom** | **Reg’dOMP** | **Reg’d**  **DO** | **GOC reg no** |
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| **Full name** | **Position** | **Lay person** |  |
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| **Professional staff (employed either directly or indirectly)** |

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| **Performer(s)** | | | |
| **Full name** | **DOB** | **Qualifications** | **GOC reg no** |
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| **Dispensing optician(s)** | | | |
| **Full name** | **DOB** | **Qualifications** | **GOC reg no** |
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| **Clinical assistant(s)/clinical contact(s)** | | |
| **Full name** | **DOB** |  |
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| **Equipment/record-keeping** |

Please give details on the following items:

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| **Equipment for domiciliary provision** |
| * Please list relevant equipment in support of your application (continue on a separate sheet if necessary). |

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| **Record-keeping** | | | | | | | |
| * In what system will individual records be maintained? (please tick the appropriate box) | | | | | | | |
|  |  | Manual |  | Computerised |  | Combination | |
| * Will the records be kept on or off the premises? If off, where will they be held and by whom? * Please supply any other relevant information relating to record keeping to support your application (continue on a separate sheet if required). | | | | | | | |
| **Equipment/record-keeping continued …** | | | | | | | |

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| **Please provide the name and position of the person responsible for practices and procedures relating to confidentiality** |
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| Date when you wish the contract to start | **D** | **D** | **M** | **M** | **Y** | **Y** |

Is the applicant included in NHS England performers list? yes/no

If yes, please provide details on a separate sheet.

Do you wish to be considered as a health body for the purposes of this contract? yes/no

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| **Required documentation** |

Please enclose the following original documents with your application:

* Section B – Declaration to support application for a contract to provide ophthalmic services from the individual or each partner.
* Evidence of insurance against liability arising from negligent performance of clinical services under the contract.
* Evidence of public liability insurance relating to liabilities to third parties arising under or in connection with the contract that are not covered by the insurance referred to above.

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| **Declaration** |

I undertake to:

* be bound by the General Ophthalmic Service Contracts Regulations 2008 (as amended );
* notify the area team within seven days of any material changes to the information provided in the application until the application is finally determined;
* provide General Ophthalmic Services in the locality of the area team; and
* to inform the area team whenever changing any of the addresses named in the application for a contract to provide ophthalmic services.

I declare that:

* the foregoing particulars are correct and make application on behalf of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of practice)

as indicated in the application for a contract to provide ophthalmic services; and

* I have obtained satisfactory clinical references relating to the performers named within this application.

I can confirm that I have read and understood the declaration and undertakings within the application for a contract to provide ophthalmic services.

Signed Date \_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_

(Block letters)

Position held \_\_\_\_\_\_\_

(Block letters)

Please return the application and supporting documentation to:

**FOR APPLICATIONS WITHIN THE EAST MIDLANDS:**

[**england.eastmidsoptometry@nhs.net**](mailto:england.eastmidsoptometry@nhs.net)

**FOR APPLICATIONS WITHIN THE WEST MIDLANDS:**

[**england.optometrycontractswm@nhs.net**](mailto:england.optometrycontractswm@nhs.net)