**APPRAISER CLAIM FORM 2018-19**

**South Central**

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| Invoice No. | | | | | | | | Date | | | | | | |
| Please complete all coloured boxes on this form. This form must be returned electronically **within 28 days of the** **appraisal** via email to the Appraisal Office - [**england.tv-appraisals@nhs.net**](mailto:england.tv-appraisals@nhs.net)  **Any incomplete claim forms submitted will be returned as we are unable to process incomplete claims.** | | | | | | | | | | | | | | |
| **APPRAISER** | | | | | | | | | | | | | | |
| **Claimant Name:** | |  | | | | | | | **NHS ISFE Supplier No (if known)** | | | |  | |
| **Address:** | |  | | | | | | | | | | | | |
| **DOCTOR APPRAISED** | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | |
| **GMC No.** |  | | | | | | | | **Date of Appraisal :** | | | | | |
| **Payment Details (This information will be stored in confidential filing)** | | | | | | | | | | | | | | |
| **Indicate whether this fee is to be a:** | | | | | | ***or:*** | | | | | | | | |
| PRACTICE PAYMENT : | | | | | | PERSONAL PAYMENT : | | | | | | | | |
| Full Name of Practice: | | | | | |  | | | | | | | | |
| Address of Practice: | | | | | |  | | | | | | | | |
| Name of Practice Bank Account: | | | | | | Name of Bank Account: | | | | | | | | |
| Bank Name: | | | | | | Bank Name: | | | | | | | | |
| Branch: | | | | | | Branch: | | | | | | | | |
| Account No: | | | | Sort Code: | | Account No: | | | | | | Sort Code: | | |
| The information above will only be used to cross-reference against NHS ISFE suppliers already set up on the finance system. This payment will be made by BACS.  If you are not already set up as a supplier, you will receive payment by CHEQUE.  If you would like to be **added** to the supplier system, or if you need to **amend bank account or address details**, you will need to complete and return a ‘**P2P supplier request form’**. | | | | | | | | | | | | | | |
| **Are you a Locum GP?** | | | YES | | NO | |  | | | | | | | |
| **IMPORTANT: Are you in the NHS Pension Scheme?** | | | YES | | NO | | Pension Tier  (if known) | | |  | Added Years %  (if applicable) | | |  |
| *If Yes, please note that your NHS Pension Contribution will be deducted from the fee below and paid directly to NHS Pensions Agency at the appropriate rate on your behalf (please tick box) UNLESS you have clearly identified to us that you are a ‘GP Locum’ for the purposes of appraisal claims.* | | | | | | | | | | | | | | |
| ***“I understand and accept the Income Tax and National Insurance & Pension obligations that I may incur relating to the payments made to me for duties for NHS England South – South Central”*** | | | | | | | | | | | | | | |

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| **Signature of claimant:**  **Date:** |

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| **Please return this claim form to** [**england.tv-appraisals@nhs.net**](mailto:england.tv-appraisals@nhs.net) |

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| **Section 2 – to be completed by South Central Appraisal Team** | | |
| Date of receipt of completed documentation (TV Team Oxford): |  | Authorised by \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_  ***South Central*** |

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| **Section 3 – to be completed by South Central & West Commissioning Support Unit** | | | |
| Date Received by SCW CSU: | Date Payment Request Raised: | | |
| Fee for service | **£515.00**  **£589.06**  **£581.65**  **Other £** | Cost centre  106757 | Account Code  521610YP |
| NHS Pension Contribution (*if applicable)* | | | |
| Payment to Appraiser:  £ | Deductions ER  591310J4  £ | Deductions EE  591310J3  £ | Deductions AY  591310J2  £ |
| SCW CSU Reference: |  | | |