**Claim for additional payments during parental or sickness leave**

Please complete this form and send it to NHS England – [england.tvgpservicesfinance@nhs.net](mailto:england.tvgpservicesfinance@nhs.net).

If circumstances should change after your application has been submitted, please complete a new form and forward it to the commissioner as soon as possible, before submitting a claim for payment.

**Practice’s Details**

|  |  |
| --- | --- |
| Practice Name |  |
| Practice Address | Post Code: |
| Telephone Number |  |

|  |
| --- |
| **Description of why additional payment is being sought** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Detail of GP performer taking leave** | | | | | | | |
| Surname |  | | | | Given Name |  | |
| Claim period |  | | | | No. of weeks[[1]](#footnote-1) |  | |
| Number of clinical sessions worked | | |  | | | | |
| Reason for claim *(delete as appropriate)* | | | | | | | |
| MATERNITY | | PATERNITY | | ADOPTION | | | SICKNESS |

**Declaration of GP performer taking leave**

I ………………………………………………………………………………….. certify that:

*(Full name in capitals)*

The information shown on the reverse side of this form provides an explanation of how the practice intends to cover my period of absence.

Where necessary, I have already submitted (*please tick the box that applies*):

|  |  |
| --- | --- |
| a. a certificate of confinement, a confirmation letter of prospective fatherhood or a letter confirming adoption leave from the appropriate adoption agency, in support of this claim; |  |
|  |
|  |
| b. a sick note from my GP stating the reason and expected length of absence. |  |
|  |
|  |

I declare that the information provided in this claim is correct and complete. I agree to provide the commissioner with written records demonstrating the actual cost of the cover and will inform the commissioner if there is any change to the cover arrangements. I claim the appropriate payment for the practice.

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: |

*(An authorised signatory who is prepared to take responsibility for this declaration may sign here on behalf of the GP performer taking leave if he/she is not available to do so.)*

|  |
| --- |
| **Arrangements to cover GP performer absence** |
| Please provide a brief explanation of how cover will be provided. *(i.e. will this be via a locum, GPs already working in the practice, or a combination)*: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of external GPs covering absence** | | | | | | | |
| If employing an external locum GP to cover the GP performer’s absence, then please complete the information below (add more lines if required): | | | | | | | |
| 1. | Name and Surname | |  | | | | |
|  | Period of cover: |  | | | | No of weeks: |  |
|  | Number of clinical sessions worked: | | | |  | | |
|  | Amount paid to individual : | | | £ | | | |
|  | | | | | | | |
| 2. | Name and Surname | |  | | | | |
|  | Period of cover: |  | | | | No of weeks: |  |
|  | Number of clinical sessions worked: | | | |  | | |
|  | Amount paid to individual : | | | £ | | | |
|  | | | | | | | |
| 3. | Name and Surname | |  | | | | |
|  | Period of cover: |  | | | | No of weeks: |  |
|  | Number of clinical sessions worked: | | | |  | | |
|  | Amount paid to individual : | | | £ | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of internal GPs covering absence** | | | | | | | |
| If employing an external locum GP to cover the GP performer’s absence, then please complete the information below (add more lines if required).: | | | | | | | |
| 4. | Name and Surname | |  | | | | |
|  | Period of cover: |  | | | | No of weeks: |  |
|  | Number of clinical sessions worked: | | | |  | | |
|  | Amount paid to individual : | | | £ | | | |

**Please provide copies of invoices and proof of payment in support of this claim.**

1. Weeks are defined as five working days. [↑](#footnote-ref-1)