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

Please complete this form and send it to [NAME OF COMMISSIONER].

If circumstances should change after your application has been submitted, please complete a new form and forward it to [NAME] 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**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………

**Details of GP performer taking leave**

Surname: ………………………………………. First Name: …………………………….

Claim period: ………………………………….. Number 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*):

1. 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
2. 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 NHS England with written records demonstrating the actual cost of the cover and will inform NHS England 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, fixed-term salaried GP 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: £…………………………..

1. Name and surname: ……………………………………………………………………

Period of cover: …………………………….…………. (No. of weeks: ……………)

Number of clinical sessions worked…………

Amount paid to individual: £…………………………..

1. Name and surname: …………………………………………………………………….

Period of cover: …………………………….…………. (No. of weeks: …………….)

Number of clinical sessions worked…………

Amount paid to individual: £…………………………..

1. Name and surname: …………………………………………………………………….

Period of cover: …………………………….…………. (No. of weeks: …………….)

Number of clinical sessions worked…………

Amount paid to individual: £…………………………..

**Please provide invoices in support of this claim.**

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