GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Ein cyf / Our ref:

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E-bost/Email:
AllWales.Alerts@wales.nhs.uk

By Email Only:

Dyddiad / Date: 20th October 2025

Ophthalmic Alert Title

Application form for payment of Practice Grant (WGOS4 Higher Professional Certificate in Glaucoma)

This alert has been cascaded to the following:

All Wales Ophthalmic Practices

Dear Optometrist,

Please find attached the WGOS 4 High Certificate Glaucoma Training Grant claim form. This practice grant is designed to enable Contractors to release optometrists to obtain the required clinical experience for the College of Optometrists Professional Higher Certificate in Glaucoma.

Who Can Apply

Applications can be submitted only if all the following criteria are met:

- Both the Optometrist and Contractor are included in an Ophthalmic List or Supplementary List of a Health Board in Wales
- Both the Optometrist and Contractor have signed a declaration committing to provide WGOS 4 glaucoma services upon completion of the qualification and clinical experience
- The Optometrist is enrolled on the College of Optometrists Professional Higher Certificate in Glaucoma course at a UK educational institution

Clinical experience is undertaken within:

- A hospital eye department clinic
- A teach and treat centre
- Other approved and certified premises (e.g., advanced optometry practices accredited by Health Education and Improvement Wales)
- The clinical placement took place on or after 1 September 2024
- The Contractor has released the optometrist from their workplace to attend clinical sessions (i.e., the Optometrist was not required to take annual or unpaid leave)

What can be applied for and at what rate?

- A maximum of 40 clinical sessions per Optometrist.
- The reimbursement rate is £125 per session (half-day clinical session) up to a maximum of £5,000 per Optometrist.
  Only full sessions can be included in the application (not hourly rates)
- All applications must be submitted in arrears with appropriate evidence
- No applications for sessions completed prior to September 2024 will be accepted

How to apply

Please submit the completed 'Application for payment of a Practice Grant (WGOS 4 Higher Professional Certificate in Glaucoma)' along with all required evidence no later than 3 months after the date of the most recent session listed in this application to:

nwssp-primarycareservices@wales.nhs.uk<mailto:nwssp-primarycareservices@wales.nhs.uk> - FAO Contracts Management

Applications may be submitted in either one or two instalments (e.g. after 20 sessions and again after 40; on completion of the 40 sessions), based on what is most efficient for the Contractor.

Best wishes,
Contracts Management Pontypool
NHS Wales Shared Services Partnership

Application form for payment of a Practice Grant (WGOS 4 Higher Professional Certificate in Glaucoma)

Part A: Optometrist details (employed or locum)

Please provide information about the Optometrist (employed or locum) who is undertaking / has undertaken the training

Note: *Applications should only be made if the Optometrist has:*

a) signed a declaration that they will provide WGOS 4 Glaucoma Services once the College of Optometrists Professional Higher Certificate in Glaucoma qualification has been obtained.

b) completed the clinical placement after 1 September 2024.

In addition, employed Optometrists must have been released from their workplace to attend clinical sessions. They have not been required to take annual leave or unpaid leave to participate.

Full Name	
GOC number	
OL/SOL Number	
Practice Name	
Practice Address	
Optometrist's NHS Email Address	

Part B: Contractor (Employer) details of whom payment is to be made

Please provide information about the Contractor (Employer) to whom payment is to be made.

Note: *A Contractor may only apply for the grant if they have signed a declaration that the practice will provide WGOS 4 Glaucoma Services once the College of Optometrists Professional Higher Certificate in Glaucoma qualification has been obtained.*

In addition, where a Contractor is claiming for clinical sessions completed by an Optometrists that they employ (on payroll), the Optometrist must not have been required to take annual leave or unpaid leave to participate.

Please provide the name and practice address of the Contractor (Employer) to whom payment is to be made.	
Ophthalmic list number of the Contractor (Employer) *Please include (including prefix e.g. CO- or OL- and suffix e.g. 7A1, 7A2)*	

Health Board	Aneurin Bevan UHB	☐	Betsi Cadwaladr UHB	☐
	Cardiff & Vale UHB	☐	Cwm Taf Morgannwg UHB	☐
	Hywel Dda UHB	☐	Powys Teaching HB	☐
	Swansea Bay UHB	☐		
Practice NHS Email Address				

Part C: Course details

Please provide information about where the Optometrist is/was enrolled to complete the College of Optometrists Professional Higher Certificate in Glaucoma. This is required to confirm the qualification pathway.

Institution Name	
Course Name	
Date course commenced	

Part D: Clinical Placement details

Please provide details of the location where the clinical placement was undertaken.

Note: *The grant is only payable for clinical experience which has been undertaken within a hospital eye department clinic, teach and treat centre or other approved and certified premises such as advanced optometry practices as accredited by Health Education and Improvement Wales.*

Hospital / Clinic / Practice name	
Address	
Date of Clinical Placement	
Mentor name	

Hospital / Clinic / Practice name	
Address	
Date of Clinical Placement	
Mentor name	

Hospital / Clinic / Practice name	
Address	
Date of Clinical Placement	
Mentor name	

Please provide details of the clinical sessions that have been completed and are included in this application.

Note: *Payment is based on sessions attended and not the number of hours completed. One session is equivalent to a half-day clinical placement.*

Payment can only be paid on receipt of evidence of attendance e.g. a copy of the logbook issued by the training provider and used by the Optometrist to record the glaucoma clinical experience

Date of placement	**Location**	**Number of Sessions claimed** ***am/pm only = 1 all day = 2***
01/09/2025	*A Teach and Treat Centre, Anytown*	*1*
08/09/2025	*A Hospital Department of Ophthalmology, Anytown*	*2*

Date of placement	Location	Number of Sessions claimed *am/pm only = 1* *all day = 2*
	TOTAL Number of Sessions:	

☐ Evidence to support attendance for the placement(s) listed is included with this form.

Part E: Application Type

Please indicate whether this is the first or second application for the Optometrist named in this application.

Note: *Applications may be submitted in one or two instalments (e.g. after 20 sessions and again after 40; on completion of the 40 sessions) based on what is most efficient for the Contractor.*

☐ First application

☐ Second / Final application

Part F: Optometrist declaration

I certify that I am:

☐ an employee of the Contractor named in this application and was released from my regular duties to attend the clinical sessions listed, without having to take annual or unpaid leave.

OR

☐ a locum who has listed this practice with HEIW as a location where I intend to offer WGOS 4 services upon completion of my qualification, and I authorise the Contractor named in this application to claim the grant on my behalf, acknowledging that the grant will be forwarded to me in recognition of my participation.

(Please tick the appropriate statement above)

The following declarations must be confirmed before submitting this form:

I understand that the Contractor named in this form is applying for payment of the Professional Higher Certificate in Glaucoma Practice Grant in respect of myself and:

- I confirm that I am undertaking or have completed training at a UK educational institution to obtain the College of Optometrists Professional Higher Certificate in Glaucoma.
- I authorise representatives of the NWSSP-PCS to contact the educational institution named in this application to verify that I have enrolled on a course to obtain the College of Optometrists Professional Higher Certificate in Glaucoma. I understand this verification is necessary to process this application.
- I certify that I have attended all clinical sessions listed in this application and that the sessions took place on or after 1 September 2024.
- I confirm that I have signed a declaration stating that I will provide WGOS 4 glaucoma services on gaining the College of Optometrists Professional Higher Certificate in Glaucoma.
- I authorise representatives of the NWSSP-PCS to contact HEIW to verify that I have signed the required declaration committing to provide WGOS 4 glaucoma services upon completion of the qualification and clinical experience. I understand this verification is necessary to process this application.
- I certify that the information I have provided on this form is complete and correct to the best of my knowledge.
- I understand that for the purpose of verification of this application for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the LHBs and the NHS Counter Fraud Service Wales.
- I understand that the application submitted will be subject to payment verification procedures to ensure applications are valid and that inaccurate applications will be subject to payment recovery via future GOS payment schedules or any other recovery methods as deemed appropriate.

- I understand that if I knowingly provide wrong or incomplete information that results in a payment being made, I may be subject to criminal prosecution and/or civil proceedings.

Please sign below to confirm that you agree with and have verified all the declarations indicated above.

Optometrist's signature:

X _____

Date: Click or tap to enter a date.

Part G: Contractor declaration

I certify that the Optometrist named in this application:

☐ is an employee who was released from their normal duties to attend the clinical sessions listed, without the need to take annual or unpaid leave.

OR

☐ is a locum, who has listed this practice with HEIW as a location where they intend to offer WGOS 4 services upon completion of their qualification, and I acknowledge that the grant will be forwarded to the locum in recognition of their participation.

(Please tick the appropriate statement above)

The following declarations must be confirmed before submitting this form:

- I am a WGOS Contractor and am eligible to apply for the Professional Higher Certificate in Glaucoma Practice Grant.
- I certify that the practice intends to be a WGOS 4 Glaucoma Arranging Contractor once the Optometrist named in this application obtains the Professional Higher Certificate in Glaucoma.
- I authorise representatives of the NWSSP-PCS to contact HEIW to verify that I have signed the required declaration committing to provide WGOS 4 glaucoma services upon completion of the qualification and clinical experience. I understand this verification is necessary to process this application.
- I certify that the information I have provided on this form is complete and correct to the best of my knowledge.
- I understand that for the purpose of verification of this application for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the LHBs and the NHS Counter Fraud Service Wales.
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- I understand that if I knowingly provide wrong or incomplete information that results in a payment being made, I may be subject to criminal prosecution and/or civil proceedings.

Please sign below to confirm that you agree with and have verified all the declarations indicated above.

Please ensure that the person signing below is an authorised signatory for the practice. Claims not signed by an authorised signatory will be returned without payment.

Signature of Authorised Signatory* / Contractor:

X _____

Name of authorised signatory† / Contractor:	

Date: Click or tap to enter a date.

How to apply

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* The authorised signatory must be included on the authorised signatory form held by NWSSP for WGOS purposes.

Practice Grants –
WGOS 4 Higher Certificate in Glaucoma

Guidance for Applicants

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For queries regarding this application form, please contact:

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