

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

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:

- signed a declaration that they will provide WGOS 4 Medical Retina Services once the College of Optometrists Professional Higher Certificate in Medical Retina qualification has been obtained.
- 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 Medical Retina once the College of Optometrists Professional Higher Certificate in Medical Retina 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	<input type="checkbox"/>	Betsi Cadwaladr UHB	<input type="checkbox"/>
	Cardiff & Vale UHB	<input type="checkbox"/>	Cwm Taf Morgannwg UHB	<input type="checkbox"/>
	Hywel Dda UHB	<input type="checkbox"/>	Powys Teaching HB	<input type="checkbox"/>
	Swansea Bay UHB	<input type="checkbox"/>		
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 Medical Retina. 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	

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 Medical Retina Practice Grant in respect of myself and:

- I confirm that I am undertaking / I have undertaken* training at a UK educational institution to obtain the College of Optometrists Professional Higher Certificate in Medical Retina.
- 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 Medical Retina. 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 medical retina services on gaining the College of Optometrists Professional Higher Certificate in Medical Retina.
- I authorise representatives of the NWSSP-PCS to contact HEIW to verify that I have signed the required declaration committing to provide WGOS 4 medical retina 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.

* Please delete as appropriate

- 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 I eligible to apply for the Professional Higher Certificate in Medical Retina Practice Grant.
- I certify that the practice intends to be a WGOS 4 Medical Retina Arranging Contractor once the Optometrist named in this application obtains the Professional Higher Certificate in Medical Retina.
- I authorise representatives of the NWSSP-PCS to contact HEIW to verify that I have signed the required declaration committing to provide WGOS 4 medical retina 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.

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

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

Practice Grants – WGOS 4 Higher Certificate in Medical Retina

Guidance for Applicants

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 Medical Retina.

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 Medical Retina services upon completion of the qualification and clinical experience
- ✓ The Optometrist is enrolled on the College of Optometrists Professional Higher Certificate in Medical Retina 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 Medical Retina)' 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

Please make the subject line: “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.

For queries regarding this application form, please contact: nwssp-primarycareservices@wales.nhs.uk