(One form for each event/day)

FP84

NHS General Dental Practitioners Only

TRAVEL/SUBSISTENCE EXPENSES FOR CONTINUING PROFESSIONAL DEVELOPMENT & FOUNDATION TRAINING COURSES CLAIM FORM

*Please complete in BLOCK CAPITALS throughout and send it to your *NHS England/Area Team/HEE/LETB (delete as appropriate)*

Particulars of Dentist (please fill in both home and practice address)

Surname: ..... Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other ☐

First Name: .....

Area Team: .....

GDC Number: Dentist's Performer No..

Practice Address: _____

_____

_____

_____

Post Code:

Telephone No:

Mobile No: _____

Home Address: _____

_____

_____

_____

Post Code:

Telephone No:

Mobile No: _____

Email Address: .....

Details of course: Foundation Dentist Study day

Continuing Professional Development Foundation Training (Please circle one)

Title of course: Pain Diagnosis & Management of Dental Emergencies

Venue of course: John Lister PGC

John Lister PGC
Wexham Park Hospital
Slough
Berks
SL2 4HL

Date of course: 05.09.2020 Length of course (hours): 6

Date: 05.09.2020

Signature confirming attendance: Ali Clarke

(Dental Administrator)

*Delete As Appropriate

Health Education East of England

CLAIM FORM

Expenses Section Continuing Professional Development Training and Foundation Training Courses only
Use separate line for each type of expense. Relevant tickets/receipts or a credit card statement MUST accompany all claims

Date	Time of departure	Time of return	Details of journey/expenses – i.e. type of transport, start & end points & other expenses such as car parking & extra passengers.	Round Trip miles (car only) @ 24pence per mile (a) Miles	£	Other Expenses (b) £	Subsistence (c) £	Expenses Total £
Passenger Performer Number								
TOTALS								

Dentists must complete the "TOTAL" box in order to claim travel & Subsistence TOTAL (a) + (b)+ (c) =

I declare that the mileage allowances and expenses claimed herein were incurred solely on the journeys to attend continuing professional development courses or foundation training courses and that the charges are in accordance with the Department of Health Regulations in force at present and, that, where the full mileage rate has been claimed, public transport would not have been appropriate. I declare that the information on this form is correct and complete and I understand that, if it is not, action may be taken against me. For the purpose of verification of this claim I consent to the disclosure of sufficient documentary evidence to demonstrate its accuracy to the Secretary of State NHS England Area Team.

Signature of Dentist ---------- Date ----------
(KEEP A COPY OF FORM YOUR RECORDS)

Notes on allowances

Overnight allowance:
Actual receipted cost of bed & breakfast up to a maximum of £55.00
Non-commercial accommodation (i.e. friends or relatives) = £25.00
Meal allowance per 24 hour period = £20.00
Daily Allowance:
Lunch (applicable when more than five hours away from practice, including the times between 12.00 -2.00 pm) = £5.00
Evening meal (applicable when away from the practice for more than 10 hours after 7.00 pm) = £15.00

Mileage allowance:
Dentist using their own vehicle (shortest practicable route between practice and place visited (or actual distance travelled if less) = 24p per mile; dentist carrying one or more named eligible dentists to the same course = and additional 5p per mile.

*Delete As Appropriate