# 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)

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Dr</th>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>First Name:</td>
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<td>Area Team:</td>
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**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 (please fill in a separate form for each course attended)

**Continuing Professional Development**  **Foundation Training**  (Please circle one)

| Title of course: | | | |
| Venue of course: | | | |
| Date of course: | | Length of course (hours): | |
| Date: | | |

Signature confirming attendance: __________________________

*(Dental Tutor/Centre Administrator/Dental Administrator/Secretary)*

*Delete As Appropriate*

19 August 2013
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time of departure</th>
<th>Time of return</th>
<th>Details of journey/expenses – i.e. type of transport, start &amp; end points &amp; other expenses such as car parking &amp; extra passengers.</th>
<th>Round Trip miles (car only) @ 24pence per mile (a)</th>
<th>Other Expenses (b)</th>
<th>Subsistence (c)</th>
<th>Expenses Total (a) + (b) + (c)</th>
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</table>

**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.