**Queen’s University Belfast**

**Centre for Dentistry**

**GDP Claim Form for SUMDE Payments**

**Personal Details:**

Name: Click here to enter text.

Practice Name: Click here to enter text.

Practice Address: Click here to enter text.

 Click here to enter text.

Postcode: Click here to enter text.

Dental Service No: Click here to enter text.

**Detail of sessions claimed:** Please use the information below to complete this claim form as accurately as possible, this information is required by DoH and is subject to audit.

| **Date** | **AM/PM Session**(Please Tick) | **Cohort/s Present** | **Teaching Type** |
| --- | --- | --- | --- |
| Click here to enter a date. |[ ] [ ]  Choose an item. | Choose an item. |
| Click here to enter a date. |[ ] [ ]  Choose an item. | Choose an item. |
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| Click here to enter a date. |[ ] [ ]  Choose an item. | Choose an item. |

| **Date** | **AM/PM Session**(Please Tick) | **Cohort/s Present** | **Teaching Type** |
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| Click here to enter a date. |[ ] [ ]  Choose an item. | Choose an item. |
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| Click here to enter a date. |[ ] [ ]  Choose an item. | Choose an item. |
| Click here to enter a date. |[ ] [ ]  Choose an item. | Choose an item. |

Signature of General Dental Practitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor (CfD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor (CfD) (Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form you are confirming the information provided is accurate*

**Form to be completed, signed by both Dental Practitioner and Supervisor (CfD) and forwarded for payment by the date indicated in the cover email to:**

**Elaine Todd,**

**School Office, Dental School,**

**Queen’s University Belfast,**

**Grosvenor Road,**

**Belfast**

**BT12 6BP.**

SUMDE Use Only: