

**AGREEMENT FOR THE PROVISION OF SERVICES PURSUANT TO THE HEALTH
(GENERAL PRACTITIONER SERVICE ALTERATIONS OF CRITERIA FOR ELIGIBILITY) ACT 2020 (UNDER 8
YEAR OLDS)**

(PLEASE COMPLETE 1 & 7 IN BLOCK CAPITALS)

THIS AGREEMENT is made on the ____ day of _____ 20 ____ between: *(to be completed by HSE)*

(1) _____
(Insert Name)

(hereinafter referred to as the “**Medical Practitioner**” which expression shall, where appropriate, include his/her employees and authorised representatives),

Non-GMS Contract Number (where applicable):

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Medical Council Registration Number:

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Practice Premises Address (es)		Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Telephone No(s)
(i) Principal Practice Address	a.m.							
	p.m.							
(ii)	a.m.							
	p.m.							
(iii)	a.m.							
	p.m.							
(iv)	a.m.							
	p.m.							
Correspondence Address:								
Contact Telephone Number:				Email address:				
If currently in partnership with GMS contractor please enter partner(s) GMS number here								
If currently a member of a Co-op or Rota please identify Co-op here e.g. SouthDoc								

and

- (2)** The Health Service Executive having its head office at Dr Steevens’ Hospital, Steeven’s Lane, Dublin 8, Republic of Ireland (hereinafter referred to as the “HSE”, which term shall include its successors, assigns and authorised representatives).
- (3)** The place(s) of attendance from which I shall provide these services and the days and hours during which I shall be normally available each week for surgery consultations at my place(s) of attendance shall be as agreed with the HSE.
- (4)** I undertake, as long as this agreement is in force, not to change my place(s) of attendance or the days or hours of attendance so as to materially affect the convenience of my patients in the area in which I am practising on entering into the agreement without the prior approval of the HSE .
- (5)** I acknowledge that 5% of my capitation payments will be paid on my behalf and for my benefit into the superannuation fund provided for under the agreement.
- (6)** Registrations will generally be conducted online.

(7) The date of my birth is _____ day of _____ 19 _____

Signed this day ____ of ____ 20 ____ by _____ (signature of Medical Practitioner)

in the presence of _____

The above proposal of the Medical Practitioner for the provision by him/her of services in accordance with the terms and conditions aforesaid is hereby accepted on behalf of the Health Service Executive.

Signed this ____ day of ____ 20 ____ by _____ (on behalf of HSE)