

**AGREEMENT FOR THE PROVISION OF SERVICES
PURSUANT TO THE HEALTH (GENERAL PRACTITIONER SERVICE)
ACT 2014 (UNDER 6 YEAR OLDS)**

(PLEASE COMPLETE 1 TO 7 BELOW 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),

GMS Number

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Practice Premises Address(es) as agreed with the HSE under my GMS Contract	Telephone Number(s)
Correspondence Address:	
Email address:	
Contact Telephone Number:	

and

(2) The Health Service Executive having its head office at Oakhouse, Millennium Park, Naas, Co. Kildare, 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 under my existing GMS Contract.

(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) Registration of Child Patients will generally be conducted online.
Tick the box if you are not in a position to accept registrations in this format.

(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)