

GP Appraisal Claim Form

NIMDTA

Northern Ireland
Medical & Dental Training Agency

42 Beechill Road
Belfast
BT8 7RL

Payment for completing your appraisal **will be dependent on your status on the day of your appraisal**

FULL NAME	
FULL ADDRESS (Including postcode)	
EMAIL ADDRESS	
DATE OF APPRAISAL	
STATUS on day of appraisal (Salaried/Locum etc)	
SIGNATURE	
DATE	

Please return completed forms to NIMDTA via email: gpappraisal.nimdta@hscni.net

For information on how NIMDTA processes personal data, please view our Privacy Notice at <https://www.nimdta.gov.uk/about-us/privacy-notice/>

NIMDTA Bank Mandate Form

*You must complete this form to ensure payment
Failure to do so will result in your payment being delayed*



NAME :	
ADDRESS:	
NAME OF BANK & BANK ADDRESS:	
EMAIL ADDRESS:	

BANK ACCOUNT NAME:	
NATURE OF BUSINESS/SPECIALTY:	
SIGNATURE:	

SORT CODE :						
-------------	--	--	--	--	--	--

ACCOUNT NUMBER :											
------------------	--	--	--	--	--	--	--	--	--	--	--

PLEASE ADVISE NIMDTA OF ANY BANK /CONTACT DETAIL CHANGES

Please note NIMDTA Payment Terms are 30 days from receipt of invoice/claim

For information on how NIMDTA processes personal data, please view our Privacy Notice at
<https://www.nimdtg.gov.uk/about-us/privacy-notice/>