

Application Form Number: _____

Application for Inclusion in the Medical Performers List

1. Personal Details

Surname:

Forenames:

Maiden/previous name:

DOB: **D** **D** **M** **M** **Y** **Y** **Y** **Y**

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GMC Reg No:

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Sex: Please tick relevant box Male Female

Country of Birth:

Private Address:

.....

Private Telephone:..... **Mobile Telephone:**.....

Private E mail:

Are you applying to join the Primary Medical Performers List as:

Tick as appropriate

- | | | | |
|----------------------------|--------------------------|--------------------|--------------------------|
| A Contractor (Partnership) | <input type="checkbox"/> | Salaried GP | <input type="checkbox"/> |
| A Contractor (Sole GP) | <input type="checkbox"/> | Locum GP | <input type="checkbox"/> |
| A Contractor (Shareholder) | <input type="checkbox"/> | An Armed Forces GP | <input type="checkbox"/> |
| A Registrar | <input type="checkbox"/> | GP Returner | <input type="checkbox"/> |
| A GP Retainer | <input type="checkbox"/> | | |
| Other please specify | <input type="checkbox"/> | | |

.....

Commitment **WTE (based on 37.5 hour week) (Not applicable to GP Registrars and GP Locums)**

2. Host Shared Services Partnership/HB

Please indicate which Health Board area you wish to be included in: (Please indicate ONE only) (Also please indicate the Locality within the Health Board)

Shared Services Partnership (South East Wales)

Cardiff and Vale University Health Board
(Cardiff and Vale of Glamorgan localities)

Cwm Taf Health Board (Rhondda Cynon Taf and Merthyr Tydfil localities)

Aneurin Bevan Health Board (Blaenau Gwent, Caerphilly, Newport, Monmouthshire and Torfaen localities)

Shared Services Partnership (Mid and West Wales)

Abertawe Bro Morgannwg University Health Board (Neath, Bridgend, Port Talbot and Swansea localities)

Hywel Dda Health Board (Carmarthenshire, Pembrokeshire and Ceredigion localities)

Powys Teaching Health Board

Shared Services Partnership (North Wales)

Betsi Cadwaladr University Health Board (Flintshire, Denbighshire, Gwynedd, Wrexham, Conwy and Anglesey localities)

Please indicate your preferred inclusion date on the Performers List:

D	D	M	M	Y	Y	Y	Y

Please note that inclusion on the Performers List will be subject to receipt of a satisfactory CRB certificate and overseas Police/Other Suitable Body Report (where appropriate).

To be completed by all applicants excluding GP Registrars:

I agree to my name and contact details being included on the Shared Services Partnership locum list Yes No

For GPs Undertaking Locum Work

(To be completed by doctors wishing to have their names included and published in the GP locum list, please indicate which areas you are prepared to work in.)

Cardiff	<input type="checkbox"/>	Blaenau Gwent	<input type="checkbox"/>
Merthyr Tydfil	<input type="checkbox"/>	Caerphilly	<input type="checkbox"/>
Rhondda, Cynon Taff	<input type="checkbox"/>	Newport	<input type="checkbox"/>
Vale of Glamorgan	<input type="checkbox"/>	Monmouthshire	<input type="checkbox"/>
		Torfaen	<input type="checkbox"/>
Carmarthenshire	<input type="checkbox"/>	Bridgend	<input type="checkbox"/>
Ceredigion	<input type="checkbox"/>	Neath/Port Talbot	<input type="checkbox"/>
Pembrokeshire	<input type="checkbox"/>	Swansea	<input type="checkbox"/>
Powys	<input type="checkbox"/>		
Conwy	<input type="checkbox"/>	Denbighshire	<input type="checkbox"/>
Flintshire	<input type="checkbox"/>	Gwynedd	<input type="checkbox"/>
Isle of Anglesey	<input type="checkbox"/>	Wrexham	<input type="checkbox"/>

3. Practice Details

This section is for GP Registrars, Retainers, Contractors and Salaried GPs.

Details of the practice to which you are joining or attached (if applicable)

Name of Practice:

Practice Address:

.....
.....
.....

Telephone Number of Practice:

Name of GP Trainer (Registrars only):

GMC Number of Trainer (Registrars only):

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Start and End Date of Training in this Practice (Registrars only):

Start: D D M M Y Y Y Y

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End: D D M M Y Y Y Y

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4. Medical Qualifications

GMC Number:

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Date First Registered with GMC:

D D M M Y Y Y Y

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Date GMC Licence to Practise Obtained:

D D M M Y Y Y Y

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Date included on GP Register: (excluding GP Registrars)

D D M M Y Y Y Y

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Qualification	Institution	Date of Qualification

1. Are you currently included in any Health Board/PCT's Medical Performers List? Yes No

- a) If yes, please give details and **contact name, telephone number and email address of** the Health Board/PCT.

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2. Do you have any outstanding/deferred applications for inclusion in any HB/PCT Medical Performers List?

Yes No

a) If yes, please give details and contact name/telephone number of the HB/PCT.

.....

3. Have you ever been removed, contingently removed or suspended from any Health Board/PCT or equivalent list?

Yes No

a) If yes, please give details and contact name/telephone number of the Health Board/PCT or equivalent body and an explanation why.

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5. Statement of Professional Experience

Please list your career history in date order commencing with your first Clinical Post (including hospital appointments and General Practice).

Please provide full supporting particulars of your experience. Any gaps in service must be mentioned, giving explanations (including overseas travel and personal reasons)

Experience/Appointment- (please include contact name and address information of most recent post)	Date From	Date To	Reason for Leaving

6. Referees

Please provide names and addresses of two referees who are willing to provide clinical references.

An example of acceptable referees would be:

For GP Registrars: GP or Consultant Referees.

All other applicants: Two GP Referees would be preferable.

Please note that your chosen referees should be relevant to the position you are applying for and should normally be representatives of your last two relevant clinical posts (which may include any current post), where that employment lasted for a continuous period of at least three months.

It is your responsibility to make sure that your referees are expecting to be contacted and are in a position to provide you with a reference.

If the above is not possible a full explanation must be given below.

Referees **must not** be related to you.

.....
.....

Name		Name	
Title		Title	
Position		Position	
Full Postal Address		Full Postal Address	
Telephone		Telephone	
Fax		Fax	
E-mail		E-mail	
Dates worked with this person		Dates worked with this person	
In what capacity		In what capacity	

7. Entitlement to work in the UK

1. Are you a British Citizen or EEA National? Yes No
2. Were your medical qualification examinations taken in the English language? Yes No

If the answer to question 2 is No, please provide evidence of proficiency in the English language (eg International English Language Testing System result, PLAB test results etc. **Please supply original documents**). Please note that language testing is only applicable to citizens whose first language is not English and who trained in countries other than the UK or Republic of Ireland.

British Citizens and EEA Nationals should proceed to the next section of this form. Other applicants should complete questions 3-5.

3. Do you have evidence of entitlement to enter and work in the UK (eg settled status, spouse of British Citizen etc) or are you in the UK under the Commonwealth Working Holidaymaker's Scheme? Yes No
4. Did you enter the UK as a doctor, or obtain a current entry clearance to do so, before 1 April 1985. Yes No
5. What is your immigration status?
- a. Limited leave to remain until _____ (date)
 - b. Indefinite leave to remain
 - c. Subject to work provisions
 - d. Self employed

Please supply original evidence of your immigration status, ie VISA. If subject to work permit provisions please provide details of the application's progress. If self-employed please enclose documents confirming self-employed status.

8. Additional Information

Clinical Interests:

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Languages (other than English) that you can consult in:

.....

.....

9. Consent to Sharing Information

To be completed by all applicants:

I consent to the Shared Services Partnership sharing my contact details with the Local Medical Committee in its area and the Dean of Postgraduate Education.

Yes No

Signed:

Full Name:

Date:

10. Declarations and Undertakings

I declare that I am a registered medical practitioner with the General Medical Council in the name shown on page one of this application.

I declare that I am included in the medical register of the GMC in the name shown on page one of this application (not applicable to GP Registrars).

If this application is in respect of an individual on or after 16 November 2009, I declare that I hold an appropriate GMC Licence to Practice.

I agree until my application is finally determined to notify the HB of any material changes to my application, within 7 days of them happening.

I agree to inform the HB with the details of any change in my private address within 28 days of its occurrence.

I agree to give the HB three months notice of my intention to withdraw from the primary medical performers list unless it is impracticable to do so.

I agree to notify the Shared Services Partnership if I intend to withdraw from the HB's Primary Medical Performers List (The List) if I apply to be accepted or am accepted on to the list of another HB or equivalent body.

I agree to co-operate with an assessment by the NCAA, when requested to do so by the HB.

I agree to participate in the appraisal system provided on behalf of the HB. (Not applicable to armed forces GPs) and agree to send the HB a copy of the statement summarising that appraisal.

I agree to provide a CRB Enhanced Certificate in relation to myself to the HB or if the HB considers that the check is sufficiently out of date to undergo a further such check in accordance with Section 115 of the Police Act 1997. If I have been resident in the UK for less than six months at the time the Enhanced Certificate is produced, I agree to provide a further CRB Enhanced Certificate six months from the date of my inclusion in the Medical Performers List.

Declarations and Undertakings Continued

I agree to a request being made by the HB to any employer or former employer, licensing, regulatory or other body in the United Kingdom or elsewhere, for information relating to a current investigation, or an investigation where the outcome was adverse regarding myself or the body corporate referred to in questions 3, 4 and 18 following. The term “employer” to include for the purposes of this paragraph any partnership of which the performer is or was a member.

I agree that should the HB, when considering my application, consider it necessary to request from me further information, references or documentation in order to decide the applications outcome I will comply with any such reasonable requests.

I agree not to perform any primary medical services in the area of another HB or equivalent body from whose Medical Performers List, Medical List, Services List, Supplementary List or equivalent list I have been removed, except where that removal was at my request or in accordance with Regulation 10(6) of the NHS (Performers Lists) (Wales) Regulations 2004, Regulation 10(6) of the Services List Regulations, Regulation 10(7) of the Supplementary List (Wales) Regulations 2002 or Regulation 7(2) or (11) of the Medical Regulations or any equivalent provision in Scotland or England, without the consent in writing, of that HB or equivalent body.

I agree to comply with the requirements of Regulation 122 of the NHS (General Medical Services Contracts) (Wales) Regulations 2004 (gifts).

I agree if I am not a Contractor, to comply with the requirements of the above paragraph as though I am a Contractor.

GP Registrars Only (unless holder of acquired right under Regulation 5(1)(d) of the Vocational Training for General Medical Practice (European Requirements) Regulations 1994(a):

I agree not to perform any primary medical service except when acting for and under the supervision of, my GP Trainer.

I agree to withdraw from the medical performers list if any of the following events takes place:

- a) the conclusion of any period of training prescribed by regulation 6(3) of the Vocational Training Regulations, or, after the coming into force of articles 4 and 5 of the 2003 Order, any period of general practice training required pursuant to those articles unless:
 - i) it forms part of a vocational training scheme which has not yet been concluded, or
 - ii) I provide the Health Board with:
 - aa) a certificate of prescribed experience under regulation 10 of the Vocational Training Regulations,
 - bb) a certificate of equivalent experience under regulation 11 of those Regulations, or

Declarations and Undertakings Continued

- cc) after the coming into force of article 10 of the 2003 Order, evidence of inclusion on the GP Register

- b) the failure satisfactorily to complete any period of training within the meaning of Regulation 9 of the Vocational Training Regulations, or after the coming into force of articles 4 and 5 of the 2003 Order, of general practice training within the meaning of those article; and

- c) the completion of a vocational training scheme, unless I provide the Health Board with:
 - i) a certificate of prescribed experience under regulation 10 of, or a certificate of equivalent experience under Regulation 12 of, the Vocational Training Regulations, or

 - ii) after the coming into force of article 10 of the 2003 Order, evidence of inclusion in the GP Register.

If you answer yes to any of the following questions (1-19) please give full explanations (including the names of relevant HB's/PCT's, approximate dates of where any investigation or proceedings were or are to be brought, the nature of those investigations or proceedings, and any outcome) on page 15 following your declarations. Please tick boxes as appropriate.

1. Have you any outstanding applications, including a deferred application, to be included in any list of another HB/PCT?

Yes No

2. Have you ever been removed, contingently removed, refused admission or conditionally included in any HB list or equivalent list or are you currently suspended from such a list?

Yes No

Please Note: Body Corporate means any company/business registered as such with either the General Optical Council, or the General Dental Council or the Royal Pharmaceutical Society of Great Britain.

3. Are you a director of any body corporate that is included in any list of a HB/PCT or its equivalent or has an outstanding application (including a deferred application) for inclusion in any list or equivalent list?

Yes No

If you have answered yes to question 3 you must provide the name and registered address of that body corporate and details of the HB/PCT or equivalent body concerned on page 15.

Declarations and Undertakings Continued

4. Were you within the last six months or at a time of the originating events, a director of a body corporate, which has been refused admission, conditionally included, removed, contingently removed or is at present suspended from a HB/PCT or equivalent body's list?

Yes No

5. Do you have any criminal convictions in the United Kingdom?

Yes No

6. Have you ever been bound over following a criminal conviction in the United Kingdom?

Yes No

7. Have you ever accepted a police caution in the United Kingdom?

Yes No

8. Have you ever accepted a fixed penalty?

Yes No

9. Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995(1) (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992(2) (penalty as alternative to prosecution)?

Yes No

10. Have you, in proceedings in Scotland for an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging him or her absolutely?

Yes No

11. Have you been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in the United Kingdom or are you subject to a penalty, which would be the equivalent to being bound over or cautioned?

Yes No

12. Are you currently the subject of any proceedings which might lead to such a conviction, which have not been notified to the HB?

Yes No

Declarations and Undertakings Continued

13. Have you been subject to any investigation into your professional conduct by any licensing, regulatory or other body, where the outcome was adverse?

Yes No

14. Are you currently subject to an investigation into your professional conduct by any licensing, regulatory or other body?

Yes No

15. Are you, to your knowledge, or have you ever been, where the Outcome, was adverse the subject of any investigation by the NHS Counter Fraud and Security Management Service in relation to fraud?

Yes No

16. Are you subject to any investigation by another HB or equivalent, which might lead to your removal from any of that HB's or equivalent lists?

Yes No

17. Are you at present, or have you ever, where the outcome was adverse, been the subject of any investigation into your professional conduct in respect of any current or previous employment?

Yes No

18. Are you or have you ever been subject to a national disqualification?

Yes No

If you answered "no" to both questions 3 and 4 above you do not need to answer question 19, HOWEVER IF YOU ANSWERED YES TO ONE OR BOTH OF THESE QUESTIONS YOU MUST ANSWER QUESTION 19.

19. If you are or have been in the preceding six months or were at the time of the originating events a director of a body corporate, you must answer the following questions: -

a) Has the body corporate any criminal convictions in the United Kingdom?

Yes No

b) Has the body corporate been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in the United Kingdom, or is subject to a penalty, which is equivalent to being bound over or cautioned?

Yes No

Declarations and Undertakings Continued

- c) Is the body corporate currently subject to any proceedings which might lead to such a conviction, which haven't yet been notified to the HB?

Yes No

- d) Has the body corporate ever been subject to any investigation into its provision of professional services by any licensing, regulatory or other body, where the outcome was adverse?

Yes No

- e) Is the body corporate currently subject to an investigation into its provision of professional services by any licensing, regulatory or other body?

Yes No

- f) Is the body corporate to your knowledge at present, or has it ever been where the outcome is adverse, the subject of an investigation by the NHS Counter Fraud and Security Management Service in relation to fraud?

Yes No

- g) Is the body corporate currently subject to an investigation by another LHB or equivalent body which might lead to its removal from any performers list or equivalent list?

Yes No

Note:

- i) **Please note that the Rehabilitation Offenders Act 1974 does not apply to general practitioners for the purpose of this declaration. Offences considered "spent" under the Act must be declared.**

The Rehabilitation Offenders Act (Exceptions Order) allows employers of some occupational groups and professionals, including health care workers, to ask applicants for details of criminal convictions which would otherwise be "spent" in terms of the Act. Such employers may ask "exempted questions" when recruiting to posts covered by the Exceptions Order. Posts covered by the Exceptions Order include:

Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of the employment as the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties.

Declarations and Undertakings Continued

I declare that I will inform the Health Board in writing within 7 days if:

- a) I am convicted of any criminal offence in the United Kingdom;
- b) I am bound over to keep the peace in the United Kingdom;
- c) I accept a police caution in the United Kingdom;
- d) I have accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995(1) (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992(2) (penalty as alternative to prosecution);
- e) I have, in proceedings in Scotland for an offence, been the subject of an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging me absolutely;
- f) I am convicted elsewhere of an offence, or what would constitute a criminal offence if committed in the United Kingdom, or I am subject to a penalty which would be the equivalent of being bound over or cautioned;
- g) I am charged in the United Kingdom with a criminal offence, or I am charged elsewhere with an offence which, if committed in the United Kingdom, would constitute a criminal offence;
- h) I am notified by any licensing, regulatory or other body of the outcome of any investigation into my professional conduct, and there is a finding against me;
- i) I become the subject of any investigation into my professional conduct by any licensing, regulatory or other body;
- j) I become subject to an investigation into my professional conduct in respect of any current or previous employment, or if I am notified of the outcome of any such investigation if adverse;
- k) I become to my knowledge the subject of any investigation by the National Health Service Counter Fraud and Security Management Service in relation to fraud; or informed of the outcome of such an investigation, where it is adverse;
- l) I become the subject of any investigation by another Health Board/PCT or equivalent body, which might lead to my removal from any of that Health Board/PCT's lists or equivalent lists;
- m) I am removed, contingently removed, suspended, refused admission to, or conditionally included in any list or equivalent list kept by another Health Board/PCT or equivalent body.

Declarations and Undertakings Continued

If so, I will give details of any investigation or proceedings which were or are to be brought, including the nature of the investigation or proceedings, where and approximately when that investigation or those proceedings took place or are to take place and any outcome.

I shall also provide the same information concerning any Body Corporate of which I am, have been during the preceding six months, or was at the time of the originating events, a Director.

N.B. Only information which will be published in the public domain will be that required under Regulation 22(4) of the NHS (Performers Lists) (Wales) Regulations 2004. All other information supplied will remain confidential unless disclosure is authorised by Regulation 20 of the NHS (Performers Lists) (Wales) Regulations 2004.

I Declare that I am a fully registered medical practitioner and I am included in the medical register in the name shown at the beginning of this form. I give the above undertakings, declarations and consent and **I HEREBY DECLARE** that the information given here, and on any continuation sheet, is true and complete.

I consent to the Health Board making contact with any organisation it deems necessary to verify or validate any of the information I have provided in this application.

Signed:

Full Name:

Date:

In order to proceed with your application you **must** enclose the original copy of the following items:-

- Current Annual registration certificate with the General Medical Council, or letter from the GMC confirming receipt of annual retention fee.
- Letter from GMC confirming Licence to Practise status.
- Postgraduate Certificate of Prescribed Experience (or equivalent eg CCT or Certificate of Completion of Training).
- Current Medical Indemnity Insurance.
- Medical Degree certificate and any other certificates relating to your medical qualifications.
- **For UK citizens born in the UK**, your birth certificate or passport.
- **For UK citizens born outside the UK and for non UK citizens**, your passport (your birth certificate is not acceptable).
- IELTS Certificate (only applicable to citizens of EEA countries whose first language is not English and were trained in countries other than the UK or Republic of Ireland).
- Completed CRB application form and supporting **ORIGINAL** documents.
- For new UK residents, a translated Police/Other Suitable Body Report from your previous overseas place of residence. (This report should be less than six months old.)
- Most recent Criminal Records Bureau form (see notes below)

Criminal Records Bureau - Notes

GPs submitting a new application form for Medical Performers List – you must send the original copy of your most recent CRB disclosure with your application for consideration as well as completing the new CRB form in your inclusion pack.

- Please note that in all of the above, the CRB certificate must be an enhanced disclosure which confirms that the Children and Vulnerable Adults lists have been requested and checked.

GP Registrars – you must send the original copy of your most recent CRB disclosure with your application for consideration as well as completing the new CRB form in your inclusion pack. Failure to submit your most recent CRB certificate with your pack may result in you not being able to take up your GP Registrar post in general practice.

- Please note that in all of the above, the CRB certificate must be an enhanced disclosure which confirms that the Children and Vulnerable Adults lists have been requested and checked.

GPs currently included on a PCT list in England – you must send the original copy of your most recent CRB certificate as well as completing the new CRB form in your inclusion pack. If your certificate is more than six months old at the time that you make your application for the Performers List then you will not be eligible to work in Wales until the new CRB disclosure is received.

- Please note that in all of the above, the CRB certificate must be an enhanced disclosure which confirms that the Children and Vulnerable Adults lists have been requested and checked.

In all cases above ORIGINAL certificates must be provided to the Shared Services Partnership on behalf of the HB. PLEASE NOTE THAT WHEN YOU RECEIVE YOUR NEW GMC AND MDU/MPS CERTIFICATES YOU SHOULD FORWARD THESE DOCUMENTS THROUGH TO THE SHARED SERVICES PARTNERSHIP SOUTH EAST WALES.

PLEASE ENSURE THIS FORM IS FULLY COMPLETED

Please ensure the completed form is sent to the Shared Services Partnership, South East Wales. All forms should be sent to the following address and it is suggested that applications are sent by **Special Delivery** (FOR THE SECURITY OF YOUR DOCUMENTS IT IS SUGGESTED THAT YOU PURCHASE A NEXT DAY SPECIAL DELIVERY ENVELOPE FROM THE POST OFFICE AND USE THIS TO SUBMIT YOUR APPLICATION AND SUPPORTING DOCUMENTS);

Medical Performers List Team
Contractor Services Department
NHS Shared Services Partnership, South East Wales
Cwmbran House
Mamhilad Park Estate
Pontypool
Torfaen
NP4 0XS

Data Protection Notice

The Data Protection Act covers the personal information provided by you on this Application Form. A Confidentiality Agreement governs all our staff that may process your information.

We will not knowingly release your personal details to any commercial organisation for marketing purposes without obtaining your consent.

If you would like any further information or if you do not wish us to share your personal information with any particular organisation without your explicit consent, please contact Darren Lloyd, Information Governance Manager, on 029 2050 0500, e mail: Darren.Lloyd@wales.nhs.uk.