PCSE Online Performer List Application Guide

Version V1.1 - August 2022

rimary Care Support England

Lunation

E.B.

NHS England

Primary Care Support England

Introduction

Applications to join the Performers List is now managed through PCSE Online.

All primary care performers wishing to provide NHS primary care services are required to be on the Performers Lists for England.

This applies to all:

- General Practitioners
- Ophthalmic Performers
- Dental Performers

All applicants wishing to join the Performers List for England need to create and submit a **Performers List Entry Applications** via PCSE Online.

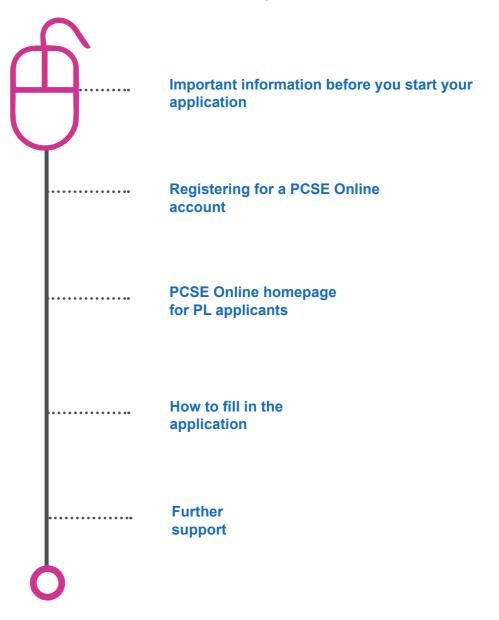
This user guide is a support tool for you as an applicant and provides comprehensive information regarding the application process.



Please complete and submit your application form with mandatory supporting documents as soon as possible, to help prevent any delays in starting your role. If there are any issues with the pre-admission checks, the application process will take longer to complete.

Contents

If there is a specific section in this guide that you would like to see, please **click** one of the icons below to be taken straight to that section.



Go back to the contents page

Section 1 Important information before you start your application

Important information before you start your application

During the application process, you will need to upload a number of documents to support your application.

Click on the squares below to check each document off before you submit your application:

Photo ID

Scanned copy of signature

Graduation Certificate

Last appraisal (if required – not required for Foundation dentist or pre-reg optoms)

Basic life support certificate

Child safeguarding

Adult safeguarding

IELTS (if required)

Police check (if resided/worked abroad in last 5 years)

The following documents are also required, but these can be supplied after the application is submitted:

DBS certificate

(Please note that the name on the DBS certificate needs to match the name on the photo ID)

Indemnity Certificate

Occupational Health Certificate (Dental applicants only)

Hints And Tips For Submitting Your Performer List Application Through PCSE Online 7m 42s

Click on the **Play** button below to see a webinar covering the application process

 $v \otimes 00$

Go back to the contents page

Section 2 Registering for a PCSE Online account

Registering for a PCSE Online account

Applicants to the Performers List for England need to register for PCSE Online to gain access to the online application form they need to complete and submit.

To register for PCSE Online you need to:

- Visit https://secure.pcse.england. nhs.uk
- Select Register as a Performers List Applicant from the drop down menu and click Register

A pop up message will appear reminding you to use your existing credentials to Log in if you already have a PCSE Online account, Proceed if not.



Click Proceed to be taken to the applicant registration Screen

	N/HS England
Applicant Registration	n
USERNAME ()	CONFIRM USERNAME
FIRST NAME	SURNAME
John	Smith
	e a MEDICAL application under the Induction and Refresher
echeme. Please do NOT select this unit Registration for induction and Refresher scho must be provided before any PL application is	me applications allows registration without GMC number, but this
Registration for induction and Refresher scho	me applications allows registration without GMC number, but this
Registration for induction and Refresher sche must be provided before any PL application is	me applications allows registration without GMC number, but this submitted
Registration for induction and Refresher sche must be provided before any PL application is GMC/GDC/GOC NUMBER ①	me applications allows registration without GMC number, but this submitted CONFIRM YOUR GMC/GDC/GOC NUMBER
Registration for induction and Refresher scho must be provided before any PL application is GMC/GDC/GOC NUMBER () 321664	me applications allows registration without GMC number, but this submitted CONFIRM YOUR GMC/GDC/GOC NUMBER 321654

Performer List

Applying to the Performer List if you already have a PCSE Online account

If you already have a PCSE Online account and wish to submit an application to the Performer list, you need to:

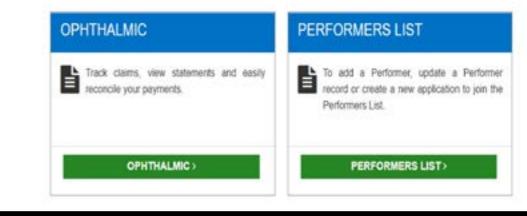
- Visit https://secure.pcse.england. nhs.uk
- Log in using your existing credentials
- Click the Performer List button on your PCSE Online home page
- Complete the applicant registration page

Click on the magnifying glass icon to see more information:



Hello Testing Forsevenzeroeight,

Welcome back to the PCSE portal. Select the service you require from the navigation bar above or from the summary panels below. And remember we're here to help.



Go back to the contents page

Section 3 PCSE Online homepage for PL applicants

PCSE Online homepage for PL applicants

Once you have set up your PCSE Online account, you will have access to a personal home page.

From here you can:

- Track the progress of any submitted forms
- Withdraw an application
- Download and print your completed application
- Upload your DBS certificate as this may not have been available to you during the application submission
- Update your contact details
- Update your GOC number (Pre-Registration Optometrists Only)

velocitie to PCSE Online, here you can create a new application to join the Penormers List. You can also review, eait and willindraw existing applications. You can only active application at any one time.

When applying to join the Performers List, please use the detailed guide which can be found at below link:

https://pcse.england.nhs.uk/media/1842/200102-performers-list-applicant-guide-_v1.pdf

Further information can be found at:

The National Health Service (Performers Lists) (England) Regulations 2013, as amended 2015 (Statutory Instrument No 335) can be found here:

http://www.legislation.gov.uk/uksi/2013/335/pdfs/uksi_20130335_en.pdf

Create New Application	Download Printable Version	Update GOC Number	Upload DBS Certification	Upload Indemnity/Insurance Certificate
Withdraw Application	Update Capacity details			

Current Application

Application Number	Application Status	Effective From Date	Comments	Action	
PL372	Include	21/10/2021		View	View Decision
PL372	With NHS England-Under Consideration	19/08/2021	x	View De	cision
PL372	Undergoing Detailed Chec ks	18/08/2021			
PL372	Checking for Completenes s	18/08/2021			

Go back to the contents page

Section 4 How to fill in the application

Section 1 - Personal details

Once you have created a PCSE online account, from your homepage you need to click on the Create a new application button.

The first page of the application is the Personal Details section.

Here you will need to enter your:

- Title
- First name, surname and your previous surname (if applicable)
- Date of birth
- Gender
- Residential address
- GMC/GDC/GOC address
- National Insurance number
- Contact telephone number/ Alternative telephone number

Click on the magnifying glass icon to see more information:

PESE Home	 Performents 	Unit C	Sheete New Applica	ello
Create		100		

1 - Personal Details	0	Personal Details				
	-	TITLE		PIRST NAME		
2 - Employment History	0	Please Select	~	Saphie		
3 - Referees	0	SURNAME		PREVIOUS S	URNAME O	
4 - Capacity	0	Test		Previous Ours	ata	
5 - Indemnity / Insurance Details	0	DATE OF BIRTH		GENDER		
6 - ID Check Documentation	0	ashreniyayi	0	O Male	O Pernale	
7 - Proposed Employment	0	EMAL				
8 - Student / Trainee Info	0	cophietest@capita.com				
9 - Professional Qualifications	0	RESIDENTIAL ADDRESS Search for your residential address	by entering your postcode.			
10 - Professional Details	0	Pastode	٩	Enter Add	ocs. Manually	
11 - Appraisal History	0	ONCIODCIDOC ADDRESS 0 Search for ONCIODC/DOC register	and address of different from	residential order	144	
12 - Training Details	0	Paricode	Q		ers Manually	
13 - Communication Skills	0	NATIONAL INSURANCE NUMBER	8			

Section 2 - Employment history

In this section you will need to upload your CV.

- Click the browse button
- Select the CV file you wish to attach
- Then click the upload icon (highlighted)

The uploaded CV will appear on the screen. A 'Delete' button will be next to it. To replace a document you have already uploaded, click on 'Delete' and upload a new CV as necessary.

When you have uploaded your CV successfully, you will need to add your employment history, creating a record for each role or break in employment you have had.

To do this, click on 'Add New Employment History Record'.

Please note: you do not need to include an employment record for current roles. You will be prompted for this information in Section 7 – Proposed Employment

Click on the magnifying glass icon to see more information:

POSE Home > Performers List < Create New Application

1 - Personal Details	0
2 - Employment History	0
3 - Referees	0
4 - Capacity	0
5 - Indemnity / Insurance Details	0
6 - ID Check Documentation	0
7 - Proposed Employment	0
8 - Student / Trainee Info	0
9 - Professional Qualifications	0
10 - Professional Details	0
11 - Appraisal History	0
12 - Training Details	0
13 - Communication Skills	0

Employment History

In chronological order, please list all of your professional experience. For Locum work please indicate the period of Locum work and the type of work undertaken for the most recent appointment only. Please also indicate where a period of Locum work has been interrupted by a permanent or semi-permanent post. Please provide an explanation of any appointment gaps which are greater than 14 days and mark them as an employment gap. Leave of absence for matters such as maternity leave or study leave whilst in a permanent post do not need to be listed.

PLEASE UPLOAD AN UP TO DATE CURRICULUM VITAE IN SUPPORT OF YOUR APPLICATION

\$ 0	and the second sec			
0	Browse	1		
0				
0	Add New Employment History Record			
0	Previous		Save For Later	Save and Next
0	20			
0				
0				
0				

Section 3 - Referees

In this section, You are required to enter contact details for two referees who have agreed to provide clinical references relating to two recent or current posts. If you provide details for a referee based outside the UK, they will also need to include proof of their registration.

Click on Save & Next to save details for Referee 1. The information will be validated and if successful, you will be able to complete details for Referee 2 in the same way.

Click on the Save & Next button to save details for Referee 2. The information will be validated, and if successful you will be able to proceed to Section 4 "Capacity".

Click on the magnifying glass icon to see more information.

1 - Personal Details	0	Referees		
2 - Employment History	0			o provide clinical references relating to two recent posts, one of ted at least three months without a significant breek. Where this
3 - Referees	0	is not possible, please provide a full exploration as to why where this is not possible please arrivide a full exploration :	this k as to	is ine case. Reference must be Registered Clinical Preditioners, why this is the case. Reference information will be shared over
4 - Capacity	0	email and the Release must have "confirmed to your that the	A rou	sent to have their information stands in this way.
5 - Indemnity / Insurance Details	0			
6 - ID Check Documentation	0			
7 - Proposed Employment	0	Feleree 1		
8 - Student / Trainee Info	0	helene 1		Υ
9 - Professional Qualifications	0	TITLE		PIRST NAME
10 - Professional Details	0	Please Subst	~	The barn
11 - Appraisal History	۰	BURNAME		CONTACT TELEPHONE NUMBER
12 - Training Details	0	ALTERNATIVE TELEPHONE NUMBER		REFEREE 1 EMAIL ADORE88
13 - Communication Skills	0	Adomative Tokymore N. (1927		Enal Atthess
14 - Additional / Supporting Info	0	REFERCE 1 ADDRESS Search for your residential etchess by entering your prob	205	
15 - Declarations	0		Q.	Enter Address Menually

Section 4 - Capacity

In this section, You are required to declare the type of performer that you will be working as. I.e. a:

- Medical
- Dental
- Ophthalmic

Enter your capacity details. Based on the capacity selected, respective fields will open.

Click on the magnifying glass icon to see more information:

1 - Personal Details	0	Capacit	У				
2 - Employment History	0	PLEASE IND	ICATE WHI	CH NATIONAL PERFOR	MERS LIST (ENGLAND)	YOU WISH TO JOIN	
		Please Sel	sct		~		
3 - Referees	0	SELECT SUE	TYPE OF	PERFORMER			
- Capacity	0	Please Sel	nct		*		
5 - Indemnity / Insurance Details	0			REGULATORY BODY N		9	
- ID Check Documentation	0	000008					
- Proposed Employment	0	ARE YOU IN	TENDING T	O WORK AS A LOCUM?			
- Student / Trainee Info	0	O Yes	O NO				
- Professional Qualifications	0						
0 - Professional Details	0	Previous				Save For Later	Save and No
1 - Appraisal History	0						
2 - Training Details	0						
3 - Communication Skills	0						
4 - Additional / Supporting Info	0						

Section 5 - Indemnity/Insurance

In this section, you are required to declare the type of insurance/indemnity that you have arranged.

Fill in the relevant details on screen and upload your indemnity/insurance certificate

Click on the magnifying glass icon to see more information:

Please note: If you do not have your indemnity certificate when filling in your application, please note that this can be uploaded at a later date, same as the DBS certificate.

Once done, click on the **Save & Next** button and the information will be validated. If successful, you will be able to proceed to Section 5 "Indemnity/Insurance Details". Alternatively, click on "Save for Later" to save the information for later use.

Please note: Clicking on "Save for Later" does not validate the information provided. It will only be validated when you return to the "Capacity" section and click on "Save & Next".

PCSE Home (5) Performens List (+) Create New Application

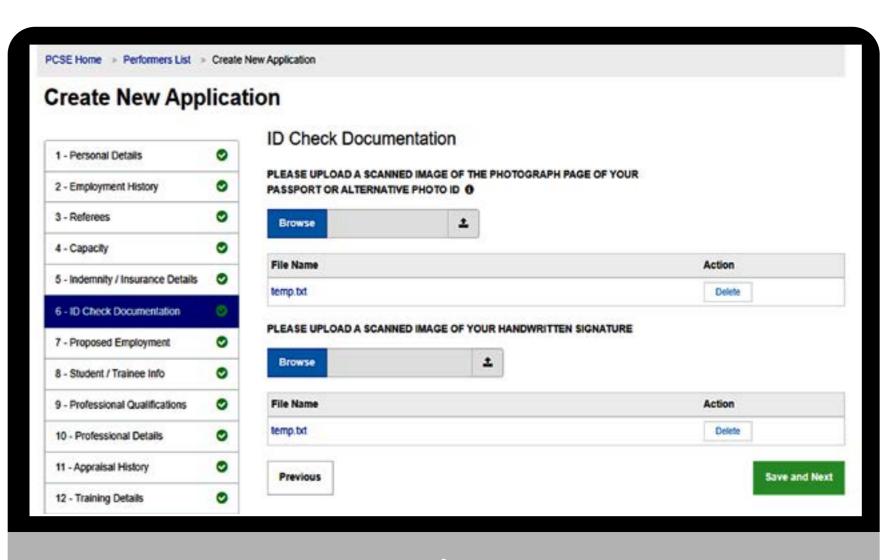
1 - Personal Details	0
2 - Employment History	0
3 - Referees	0
4 - Capacity	0
5 - Indemnity / Insurance Details	0
6 - ID Check Documentation	0
7 - Proposed Employment	0
8 - Student / Trainee Info	0
9 - Professional Qualifications	0
10 - Professional Details	0
11 - Appraisal History	0
12 - Training Details	0
13 - Communication Skills	0

PLEASE SELECT	TYPE OF COVER YOU HA	E	
		-	
O Indemnity	O Insurance		
PLEASE RECORD	YOUR INDEMNITY/INSUF	NCE CERTIFICATE NUMBER (IF KNOWN)	
Indem its/insurane	e Nontaŭ		
PLEASE RECORD	YOUR INDEMNITYINSUR	ANCE PROVIDER NAME (IF KNOWN)	
Provincial Indonesi	y En		
NOEMNITYIINSU	RANCE START DATE	a start we will.	
C.Dirmiyeyy			
INDEMNITY/INSU	RANCE END DATE		
conne);;;;		m	
Please uplead evid	lance that you have an appre	priele indemnity/insonance calificate which provides you	with cover in respects
lieb illes that may	be incurred in conving out y	ur work.	

Section 6 - ID Check Documentation

In this section, you will need to declare your nationality and provide evidence of this in the form of photographic ID.

Click on the magnifying glass icon to see more information:



Section 7 - Proposed employment

In this section, you need to enter the details of your employment arrangements and a declare a commitment percentage %. This is the percentage of your working time that you will dedicate to this employment

Enter the information requested. Further information about each of the fields is provided in the table below. Please note that you can add details for more than one practice and NHS England Local Office in those sections marked *

Create New Appl	licat	ion							
1 - Personal Details	0	Current / P	roposed E	imploymen	t Details				
2 - Employment History	0	Please provide the guidance only, nin	· · · · · · · · · · · · · · · · · · ·		commitment,	rcentage comm	itment (%) you	have in eac	h case. Fo
3 - Referees	0	If your employment or County.	nt is not with a Pra	sclice or you do no	Chave a current or p	olarina bacuqura	yment role, plea	se seleul a	Local Office
4 - Capacity	0	N.B. Trainces and	atudenta should p	wovide their trainin	a Practico detaila				
5 - Indemnity / Insurance Details	0	Do you have a co	arrent or propose	d employment at	a Practice? ()			O Yes	O No
6 - ID Check Documentation	0								
7 - Proposed Employment	0	Previous					Save For Later	Save	and Next
8 - Student / Trainee Info	0								
9 - Professional Qualifications	0								
10 - Professional Details	0								
11 - Appraisal History	۲								
12 - Training Details	0								

Section 8 - Student / Trainee info

In this section, you need to declare whether you are a trainee or not.

Click on the magnifying glass icon to see more information:

1 - Personal Details	0	Trainee	Details				
2 - Employment History	0	ARE YOU A	STUDENT OR A T	RAINEE (I.e. GP Rogi	strar, Dental Foundat	ion Trainee or Pre registration	Optometrist)
3 - Referees	0	Yes	O No				
4 - Capacity	0	SELECT TH	E DATE OF COMM	ENCEMENT OF PLAC	CEMENT AS A TRAIN		
5 - Indemnity / Insurance Details	0		9				
6 - ID Check Documentation	0	SELECT EX	PECTED END DAT	E OF YOUR PLACEN	ENT AS A TRAINEE		
7 - Proposed Employment	0	OCTORNAL STREET			H		
8 - Student / Trainee Info	0	NAME OF A	PPROVED TRAINE	R (F KNOWN)			
9 - Professional Qualifications	0						
10 - Professional Details	0	Provides				Seve For Later	Save and Nex
11 - Appraisal History	0						
12 - Training Details	0						
13 - Communication Skills	0						
14 - Additional / Supporting Info	0						

Section 9 - Professional qualifications

In this section, you need to enter your professional qualification information.

You will also need to upload a copy of your qualification:

- Certificate of graduation (Dental and Medical Practitioners only)
- Postgraduate training from a UK optometry department

Click on the magnifying glass icon to see more information:

Create New Application

1 - Personal Details	0
2 - Employment History	0
3 - Referees	0
4 - Capacity	0
5 - Indemnity / Insurance Details	0
6 - ID Check Documentation	0
7 - Proposed Employment	0
8 - Student / Trainee Info	0
9 - Professional Qualifications	0
10 - Professional Details	0
11 - Appraisal History	0
12 - Training Details	0
13 - Communication Skills	0
14 - Additional / Supporting Info	0

Professional Qualification

Please list all of your primary, vocational and posigraduate qualifications.

Upload copies of qualification contineates below. If the document provided is not in English, a translation that has been issued by a legitimate organisation and signed by an official translator is required.

Вістанн	1	
File Name		Action
lest.docx		Detere

QUALIFICATION		INSTITUTION		
Qualification		Institution		
DATE OF QUALIFICATION				
dommlyyyy	8			
Close			Add Protessiona	d Qualification

Section 10 - Professional details

In this section, you will need to enter your professional details.

Simply answers **Yes or No** the statements on screen and then click Save and Next.

Create New App	licat	ion		
1 - Personal Details	0	Professional Details		
2 - Employment History	0	HAVE YOU EVER BEEN REMOVED, OR ARE YOU CURRENTLY SUSPENDED FROM: OR HAVE YOU BEEN REFUSED INCLUSION IN OR INCLUDED SUBJECT	C Yee	O No
3 - Referees	0	TO CONDITIONS IN ANY LIST?		
- Capacity	0	Have you at any time during your career been autged to senditors, conditions or suspensions imposed by your regulatory body, employer or other NHS body?	() Yee	O No
- Indemnity / Insurance Details	0	Are you currently, or have you ever been, subject to a national disqualification?	O Ves	O No
- ID Check Documentation	0			
- Proposed Employment	0	Have you at any time been on the Performers List(s) or any Primary Care organisation in England, Scotland, Wales or Northern Ireland?	0 766	O NO
- Student / Trainee Info	0	Previous Save For Later	Serve	and Next
9 - Professional Qualifications	0			
0 - Professional Details	0			
11 - Appraisal History	۰			
12 - Training Details	0			
13 - Communication Skills	0			

Section 11 - Appraisal history

On this page, you will need to enter your appraisal history.

If you have not received an appraisal, for whatever reason, you need to declare it on this page.

POGE	fort a lite	Performenta List.	Create New Application

1 - Personal Details	0	Appraisal History					
2 - Employment History	0	E cape a construction and any expension is the set of lower starting with the month second to					
3 - Referees	0	Add a New Approisel Reco	rd				
4 - Capacity	0	IF YOU HAVE NOT UNDER TAKEN AN APPRAISAL PLEASE PROVIDE THE REASONS FOR THIS HERE.					
5 - Indemnity / Insurance Details	0						
6 - ID Check Documentation	0	GNC REGISTER SEPLICAN		TE OF REVALIDATION, THE NAME OF YOUR RESPONSIO			
7 - Proposed Employment	0	DATE OF REVALIDATION	A 200 De				
8 - Student / Trainee Info	0	whether	E.				
9 - Professional Qualifications	0	RESPONSIBLE OFFICER NA	VE	DES CHATED BODY			
10 - Professional Details	0	Relation of a contexe Name		Decy Tellery			
		Reveledet en Sulas (Fleeses	clect are unliverbelow)				
11 - Appraisal History	0	C. Rowing the Critical	C Bessellare stand	O for which is indicated with a british			
in representation j		And the second se		provide and a second second second second			
12 - Training Details	0						

NHS

England

Section 12 - Training details

On this page, you will need to provide the following:

Dental Performers

٠

- Attach a copy of your Basic Life Support training certificate (The screen right shows a BLS certificate upload)
- Provide details of your compliance with core CPD/CET requirements of your regulatory body if applicable

Medical and Ophthalmic

- Provide details of your compliance with core CPD/CET requirements of your regulatory body if applicable.
- Please note that medical and Ophthalmic performers will only see the free type text box to enter the above details

Click on the magnifying glass icon to see more information.

PCSE Online

HOME PUB CRACKS UST HOUP

PCSE Home - Performers List - Create New Application

1 - Personal Details	0	Training Details
2 - Employment History	0	
3 - Referees	0	
4 - Capacity	0	PLEASE PROVIDE DETAILS OF YOUR COMPLIANCE WITH CORE OPDICET REQUIREMENTS OF YOUR REGULATORY BODY IF APPLICABLE
5 - Indemnity / Insurance Details	0	Lesi Contra C
G - ID Check Decumentation	۲	
7 - Proposed Employment	0	Previous Save and Next
8 - Student / Trainee Info	0	
9 - Professional Qualifications	0	
10 - Professional Details	0	

Section 13 - Communication skills

In this section, you will need to enter your communication skills. Please note that not all the following questions will be relevant to all applicants, however each question requires a response of either 'Yes' or 'No' to proceed.

If you answer 'Yes' to the question, "Do you have a certificate of graduation or postgraduate training from a UK or Irish Republic medical or dental school, or university optometry department?", And upload the mandatory certificate, you will not be required to answer any further questions in this section.

Click on the magnifying glass icon to see more information.

PCSE frome to Performent List > Criccis New Application

1 - Personal Details	0	Communication Sk	ills	
2 - Employment History	0	in the list are expected to perform		
3 - Referees	0		1 and provide the mandalory confiltuale, you will not be required. Ing lob Long, age Teoling System	to answer any further questions
4 - Capacity	0	Please answer the follow	ng statement(s):	
5 - Indemnity / Insurance Details	0	Do you have a carultoate of grad	laston pripasgraduate daming from a DK of that	
6 - ID Check Documentation	0		of or university optionally opportunation	🖲 Yasa 🔿 Nu
7 - Proposed Employment	0	Prease upic on a source of image	i on copy of your production certificate / cooligitad) are perificate (ue de lacreer el
8 - Student / Trainee Info	0			
9 - Professional Qualifications	0	Previous	Save	Por Later Base and Mest
10 - Professional Details	0			
11 - Appraisal History	0			
12 - Training Details	0			
13 - Communication Skills	0			

Section 14 - Additional/Supporting information

In this section, you will need to enter any additional information you wish to provide in support of your application.

Click on the magnifying glass icon to see more information.

I - Personal Details	0	Additional/Supportin	giniornation	
- Employment History	0	If required, please provide any othe	n olemator; that NHS Ergrand may reas	enably recore to determine your application.
- Referees	0			
- Capacity	0			
- Indemnity / Insurance Details	0			
- ID Check Documentation	0			
- Proposed Employment	0			
- Student / Trainee Info	0	PLEASE UPLOAD ANY OTHER IN APPLICATION	IFORMATION THAT NHS ENGLAND MU	AY REASONABLY REQUIRE TO DETERMINE YOU
- Professional Qualifications	0	Browse	1	
0 - Professional Details	0			
1 - Appraisal History	۲	Previous		Save For Later Save and Next
2 - Training Details	0			
3 - Communication Skills	0			
4 - Additional / Supporting Info	0			
	0			

Section 15 - Declarations

In this section, you need to carefully read and answers Yes or No to the on screen statements.

Click on the magnifying glass icon to see more information.

Create New Application

1 - Personal Details	0
2 - Employment History	0
3 - Referees	0
4 - Capacity	0
5 - Indemnity / Insurance Details	0
6 - ID Check Documentation	0
7 - Proposed Employment	0
8 - Student / Trainee Info	0
9 - Professional Qualifications	0
10 - Professional Details	0
11 - Appraisal History	0
12 - Training Details	0
13 - Communication Skills	0

Declarations

In accordance with Regulation 4, sub-paragraph 5 of The National Health Service (Performers Lists) (England) Regulations 2013, as amended 2015. Performers are required to make a beclaration with their application. If you answer "yea" against any of the statements below, you must provide an explanation of the facts giving rise to that matter. Please include those concerned, relevant dates and any outcomes for each that apply on the following screens. Please note that answering "les" to one or more of these questions does not automatically produce on Applicant from being included in the National Performers List(a) or being included in the National Performers List with conditions. The Rehabilitation of Offenders Act 1974 and The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 do not apply for the purpose of this declaration. Offences considered "spent" under that put not be declared.

Do you have a criminal conviction in the United Kingdom, including one in respect of which you have been bound over?	O Ves	O No
Have you ever accepted a police caution in the United Kingdom?	O Vea	O No
Have you ever accepted a conditional offer under section 302 of the Oriminel Procedure (Scotland) Act 1995(c) (fixed penalty: conditional offer by procurator fiscal) or a compensation offer under section 302A of thet Act(d) (compensation offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992(a) (penalty as elternative to prosecution)?	O Yes	O No
Are you in proceedings in Scotland for an offence been the subject of an order under section 240(2) or (3) of the Criminal Procedure (Scotland) Act 1995 (admontion and	C Vec	O No

absolute discharge (b) discharging you absolutely?

Section 17 - Upload DBS/Police Checks

In this section, you will need to enter your DBS/Police Checks information and upload evidence.

It is possible to upload your DBS certificate after you have submitted your application. You can do this from the home page. Please note that your application cannot be considered until this has been uploaded.

Where you upload any supporting documents, you will have the option to delete those documents where required.

Click on the magnifying glass icons to see more information.

Create New Application

1 - Personal Details	0
2 - Employment History	0
3 - Referees	0
4 - Capacity	0
5 - Indemnity / Insurance Details	0
6 - ID Check Documentation	0
7 - Proposed Employment	0
8 - Student / Trainee Info	0
9 - Professional Qualifications	0
10 - Professional Details	0
11 - Appraisal History	0
12 - Training Details	0
13 - Communication Skills	0
14 - Additional / Supporting Info	0
15 - Declarations	0

Upload DBS/Police Checks

Please upload a scanned copy of your Disclosure and Barring Service (DBS) - Enhanced Criminal Records Certificate. If you do not have one you will need to apply for one before your application can be fully considered. You can submit your application for initial review/checks before this is uploaded, provided all other mandatory information and forms are provided.

ile Name		Action
est.jpg		Detete
EASE PROVIDE EVIDENCE YO	HAVE APPLIED FOR YOUR DBS CERT	FICATE BY PROVIDING THE DBS APPLICA

Have you been resident abroad in last five years?

 Yes 	⊕ No
Previous	1

Section 18 - Face to face location preference

In this section, you will need state your preferred location for a face-to face meeting.

Please note: These meetings are currently being held through Zoom while under Covid restrictions.

This meeting needs to happen so a PCSE representative can check your Passport (photo ID).

	licatio	on			
		Face to Face Location P	reference		
Personal Details	0				
Employment History	•		lentity and documents will need to be ventiled in per to face appointment. This could be a location that i		
Referees	0	Please Select			~
Capsoly	0	Previous	0.0	ve For Later	Seve and Next
Indemnity / Insurance Details	0	All the states			
Nationality	0				
Proposed Employment	0				
Student / Trainee Info	0				
Professional Qualifications	0				

Section 19 - Occupational health clearance (Dental Only)

Please note! The Occupational Health section is only applicable to Dental Performers.

Medical and Ophthalmic performers will be taken straight to the Undertakings section and this page will not appear!

In this section, you will need to attach and upload a copy of your occupational health clearance certificate. PCSE Home
Performens List
Create New Application

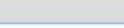
Create New Application

1 - Perconal Details	0
2 - Employment History	0
3 - Referoes	0
4 - Capacity	0
5 - Indomnity / Insurance Details	0
8 - Nationality	0
7 - Proposed Employment	0
8 - Student / Trainee Info	0
0 - Professional Qualifications	0
10 - Protessional Details	Ø
11 - Apprainal History	0

Occupational Health Clearance

Medical and Dental Performers applying for Inclusion in the relevant National Performers List are required to provide an occupational health clearance certificate from an NHS occupational health provider or from a Safe Effective Quality Occupational Health Service (SEQOHS) accredited accupational health provider. The clearance will cover the services the Performer shall provide or could be reasonably expected to provide as a Performer and will demonstrate their autability for inclusion in NHS England's Performers Liste. Please upload documentary evidence as required.

1



Your eccupational health clearance certificate must include clearance for Exposure Prone Precedures (EPP). Please tick, this box to confirm.

Previoue

Browse

Save For Later

Save and Next

Performer List

Section 19 - Undertakings (Section 20 for Dental Performers)

In this section, you will need to read the undertakings statements carefully and select the ones appropriate to the role you are applying for.

When completing this section of the application, if you need further information regarding the regulations, you can go to www.legislation.gov.uk

1 - Personal Details	0
2 Employment History	e
3 - Referees	C
4 - Capacity	ø
5 - Indemnity / Insurance Details	0
8 - ID Check Documentation	e
7 - Proposed Employment	e
8 - Student / Traince Info	ø
9 - Professional Qualifications	ø
10 - Professional Defeits	ø
11 - Appressel History	ø
12 Training Details	e
13 - Communication Sidils	ø
14 - Additional / Supporting Info	¢
15 - Declarations	0
16 - Declarations(Body Corporate)	C
17 - DBS / Poli <mark>c</mark> e Checks	C
18 - Net Team Preference	0

Undertakings

20.1 Regulation 26(3) - The Medical Practitioner must give the following undertakings --

(b) If the Medical Precisioner is a contractor under a general medical services contract, to compty with the requirements of paragraph 124 of Schedule 6 to the National Health Senvice (General Medical Services Contracts) Regulations 2004 (gfts); and (g) If the Medical Precisioner is not a contractor under a general medical services contract, to comply with the requirements referred to in sub-periodeph (b) as though the Medical Precisioner were such a contractor.

If you require further information regarding these regulations, you can go to www.legislation.gov.uk.

100	Confirm	
C		

20.2 I am a qualified Practitioner and agree to provide the following undertakings, required by Regulation 4, sub paragraph 3 of the NHS (Performers Usts) (England) Regulations 2013, as amended. I agree to:

- Provide any declaration or document required by Regulation 9 of the NH8 (Performers Lists) (England) Regulations 2013, as amended;
- Notify NHS England within seven days of any material charge to the information provided in the application, whether such
 charge occurs before NHS England's determination of my application or subsequently;
- Maintain an appropriate indemnity arrangement which provides cover in respect of liabilities that may be incurred in carrying out
 work as a Practitioner at all times and to provide evidence of such an indemnity arrangement to NHS England on request;
- Notify NHS England If I am included, or if I apply to be included, in any other list;
- Co-operate with an exactment by NHS Resolution where appropriate and when requested to do so by NHS England; and
- Participate in any appraisal system established by NHS England.

Note: Type 1 Armed Forces GPs are not required to participate in any appraisal system established by NHS England. Type 1 Armed Forces GPs are required to provide a copy of their annual appraisal relating to their provision of medical services as a Type 1 GP.

Confirm

20.3 I declare that

- Lam in good health and know of no health issues which could impact my performance.
- I am fully registered with my protessional registration body with a licence to practize in the name shown at the beginning of this

Performer List

Section 20 - Submit application (Section 21 for Dental Performers)

In the final section, you will need to read and accept the statements shown on screen and then click the submit button.

Please note: If you need to re-visit a section in the application, click the previous button and complete the page accordingly. You can then progress back to section 21 and submit your application.

When you submit your application, a unique reference number will be displayed on the conformation screen. This can be used to follow-up on your application if necessary. Confirmation of your application submission and your unique reference number will also be emailed to you at the email address used when you registered for PCSE Online.

HOME PERFORMERS LIST HELP

PCSE Home > Performers List > Create New Application

Create New Application

1 - Personal Details	0
2 - Employment History	0
3 - Referees	0
4 - Capacity	0
5 - Indemnity / Insurance Details	0
6 - Nationality	0
7 - Proposed Employment	0
8 - Student / Traines Info	0
9 - Professional Qualificationa	0
10 - Professionel Dotale	0
11 - Appraisal History	0
12 Training Datails	0
13 - Communication Skille	0

Submit Application

You are about to submit your application to be included on NHS Englands Performers Usis. Your application will be checked by Phinary Care Support England (PCSE) who will contact your referees, conduct a face to face interview with you and consult with third parties before submitting your application to NHS England for a decision to be made. You will be contacted shortly by the National Engagement Team (PCSE) to amenge a face to face interview. You can log into the PCSE Online at any time to see what stogo your application is of or to withdraw your application.

I confirm that I consent to NHS England or delegated agents to perform an online DBS Check.

I confirm that I have applied to The Disclosure and Barring Service (DBS) or provided a DBS confidera.

I confirm I have provided evidence of professional indemnity or insurance or I intend to provide professional indemnity or insurance but I understand I must do so to be included in the Performent Lists for England.

I confirm I have a license to practice or that I will obtain a license before I can be included in the Performers Lists for England.

I confirm that to the best of my knowledge, all the information provided as part of this application is correct at the time of submission.

Go back to the contents page

Section 5 Further Support

NHS England

Primary Care Support England

Your feedback helps us to make things better.

How satisfied are you with this interactive guide for submitting an application to join the performers list.

Very Satisfied

Satisfied

Dissatisfied



Contact Us

For further support and information, please visit our website:



PCSE Website

www.pcse.england.nhs.uk

To visit PCSE Online:

PCSE Online

For gueries relating to a particular service, please use our:



Online Enquiries Form

https://pcse.england.nhs.uk/contact-us/

Or alternatively, you can call our:



Customer Support Centre 0333 014 2884

Go back to the contents page