

**NPL 3: National performers lists change notification form: Change in registered address, practice within existing locality or status of inclusion**

**Notes for completion**

A performer is required to notify NHS England of any change requiring amendment to the information recorded in a performer list as set out Regulation 19 (1) in the National Health Service (Performers Lists) (England) Regulations 2013. The notification must be given within 28 days of the change unless it is impractical for the performer to do so. Changes include any change of registered address, practice or the status of inclusion in the list.

|  |
| --- |
| State reason for submitting this change notification form.  |

Medical performers should complete section 1 only

Dental performers should complete section 2 only

Ophthalmic performers should complete section 3 only

Medical and dental performers providing services for the first time following completion of traineeship should also provide their certificate of completion of training/vocational training certificate together with a letter of clinical reference from their trainer.

Forms should be sent to the NHS England team where the performer will be working. Contact details can be found at: <http://www.performer.england.nhs.uk/AT/SearchByPostcode>

**Section 1**

**National medical performers list**

1. Please provide the following general information.

|  |  |
| --- | --- |
| Name:  | GMC number:  |
| Home address (as currently appears on the performers list)Postcode Contact telephone number |

If you are a performer attached to a practice, please complete the box below providing details of your current place of work.

|  |
| --- |
| Current practice code |
| Current practice address: |
| NHS England contact:  |  |

If you are a performer not attached to a practice (locum), please provide the following information.

|  |
| --- |
| GMC registered address:NHS England team footprint in which you have been working\* |
| NHS England contact:  |

2. If your registered home address is changing please complete the boxes below.

|  |  |
| --- | --- |
| Current home addressPostcode Contact telephone number | New home addressPostcode Contact telephone number |

3. If your status of inclusion is changing please indicate in what capacity you are currently included and what your new status is.

|  |  |  |
| --- | --- | --- |
| Status | Current | New |
| Principal doctor (partner) |  |  |
| Salaried doctor |  |  |
| Trainee doctor |  |  |
| Retainer |  |  |
| Returner |  |  |
| Locum |  |  |
| Effective date of change |  | NHS England contact  |  |

4. If your place of work is changing please provide the following information.

|  |
| --- |
| New practice code |
| New practice address: |
| NHS England contact:   |  |

**Declaration**

In accordance with Regulation 9 of the NHS (England) Performer Lists Regulations 2013, I confirm that there are no circumstances that effect my entitlement to be included on the medical performers list.

Signed: Date:

5. If you wish your name to be removed from the national performer list, please provide the following information.

|  |  |
| --- | --- |
| Reason for removal(Delete as appropriate) | Resignation / Retirement  |
| Do you wish to apply for NHS pension scheme retirement benefits | Yes/No |
| What is your last day of NHS service |   |
| Please confirm your contact details for future correspondence:AddressPostcodeTelephone numberEmail |

Signed: Date: \_\_\_\_\_\_\_\_

The information you are providing will be treated in strictest confidence, held securely, and only shared with individuals who require it in their management of the national performers lists. NHS England policies on confidentiality and information governance can be found at <http://www.england.nhs.uk/about/policies/>.

**Section 2**

**National dental performers list**

1. Please provide the following general information.

|  |  |
| --- | --- |
| Name:  | GDC number:  |
| Home address (as currently appears on the performers list)Postcode Contact telephone number |

If you are a performer attached to a practice, please complete the box below providing details of your current place of work.

|  |
| --- |
| Current practice code |
| Current practice address: |
| NHS England contact:   |  |

If you are a performer not attached to a practice (locum), please provide the following information.

|  |
| --- |
| GDC registered address:NHS England team footprint in which you have been working\*: |
| NHS England contact:  |

2. If your registered home address is changing please complete the boxes below.

|  |  |
| --- | --- |
| Current home addressPostcode Contact telephone number | New home addressPostcode Contact telephone number |

3. If your status of inclusion is changing please indicate in what capacity you are currently included and what your new status is.

|  |  |  |
| --- | --- | --- |
| Status | Current | New |
| Dental performer |  |  |
| Dental trainee |  |  |
| Locum |  |  |
| Effective date of change |  | NHS England contact  |  |

4. If your place of work is changing please provide the following information.

|  |
| --- |
| New practice code |
| New practice address: |
| NHS England contact:   |  |

**Declaration**

In accordance with Regulation 9 of the NHS (England) Performer Lists Regulations 2013, I confirm that there are no circumstances that effect my entitlement to be included on the medical performers list.

Signed: Date:

5. If you wish your name to be removed from the national performer list, please provide the following information.

|  |  |
| --- | --- |
| Reason for removal(Delete as appropriate) | Resignation / Retirement  |
| Do you wish to apply for NHS pension scheme retirement benefits | Yes/No |
| What is your last day of NHS service |   |
| Please confirm your contact details for future correspondence:AddressPostcodeTelephone numberEmail |

Signed: Date: \_\_\_\_\_\_\_\_

The information you are providing will be treated in strictest confidence, held securely, and only shared with individuals who require it in their management of the national performers lists. NHS England policies on confidentiality and information governance can be found at <http://www.england.nhs.uk/about/policies/>.

**Section 3**

**National ophthalmic performers list**

1. Please provide the following general information.

|  |  |
| --- | --- |
| Name:  | GOC number: GMC number (OMPs only)  |
| Home address (as currently appears on the performers list)Postcode Contact telephone number |

If you are a performer attached to a practice, please complete the box below providing details of your current place of work.

|  |
| --- |
| Current practice code |
| Current practice address: |
| NHS England contact:   |  |

If you are a performer not attached to a practice (locum), please provide the following information:

|  |
| --- |
| GOC registered address:GMC registered address (OMPs only) NHS England team footprint in which you have been working\*: |
| NHS England contact  |

2. If your registered home address is changing please complete the boxes below.

|  |  |
| --- | --- |
| Current home addressPostcode Contact telephone number | New home addressPostcode Contact telephone number |

3. If your status of inclusion is changing please indicate in what capacity you are currently included and what your new status is.

|  |  |  |
| --- | --- | --- |
| Status | Current | New |
| Optometric performer  |  |  |
| Ophthalmic medical practitioner |  |  |
| Effective date of change |  | NHS England contact  |  |

4. If your place of work is changing please provide the following information.

|  |
| --- |
| New practice code |
| New practice address: |
| NHS England contact:   |  |

**Declaration**

In accordance with Regulation 9 of the NHS (England) Performer Lists Regulations 2013, I confirm that there are no circumstances that effect my entitlement to be included on the medical performers list.

Signed: Date:

5. If you wish your name to be removed from the national performer list, please provide the following information.

|  |  |
| --- | --- |
| Reason for removal(Delete as appropriate) | Resignation / Retirement  |
| Do you wish to apply for NHS pension scheme retirement benefits | Yes/No |
| What is your last day of NHS service |   |
| Please confirm your contact details for future correspondence:AddressPostcodeTelephone numberEmail |

Signed: Date: \_\_\_\_\_\_\_\_

The information you are providing will be treated in strictest confidence, held securely, and only shared with individuals who require it in their management of the national performers lists. NHS England policies on confidentiality and information governance can be found at <http://www.england.nhs.uk/about/policies/>.

Annex 1

NHS England has four regions which have offices covering the following areas:

| **North**[ ]  Cheshire and Merseyside[ ]  Cumbria and North East[ ]  Lancashire and [Greater Manchester](http://commissioningboardintranet.ning.com/page/greater-manchester-area-team)[ ]  [Yorkshire and Humber](http://commissioningboardintranet.ning.com/page/north-yorkshire-and-humber-area-team) **Midlands and East**[ ]  East[ ]  Central Midlands[ ]  North Midlands[ ]  West Midlands | **London**[ ]  **South**[ ]  South Central [ ]  South East [ ]  South West [ ]  [Wessex](http://commissioningboardintranet.ning.com/page/wessex-area-team) |
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