

## COMPASS AUTHORISATION FORM

(All fields marked \* MUST be completed or the contract amendment will be rejected)

Performer*:  Performer Number*:  Practice Name*:  Contract Number*:  Start /End Date*:	Provider*:  Practice Contact*:  Telephone Number*:  Email Address*:
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**The amendments awaiting authorisation are for:**

Change of net pensionable earnings/equivalent for performer(s) already on the contract

Removal of performer(s) from the contract

Addition of new performer(s) to the contract, for which I confirm that (\*all boxes below must be ticked):

- \*The Dental Performer List has been checked, they are included and not subject to suspension (.)   
*Providers must not rely upon hard copies of Performer List registration. Check current status at [www.performer.england.nhs.uk](http://www.performer.england.nhs.uk)*
- \*The GDC register has been checked, they are included and not subject to suspension (.)   
*Providers must not rely upon hard copies of GDC registration. Check current status at [www.gdc-uk.org](http://www.gdc-uk.org)*
- \*The Provider is satisfied they have such clinical experience and training as is necessary to enable them to properly perform clinical services
- \*2 satisfactory clinical references relating to 2 recent posts within the clinical service they are being engaged to perform, and which lasted in excess of 3 months, have been checked; where this was not possible the explanation why has been verified and alternative reference(s) sought   
*NB: where the performer was required urgently and it was not possible to obtain and check the references as above prior to engaging them, they can be engaged on a temporary basis for a single period up to 14 days while references are sought and considered, and for an additional period of a further 7 days if the person supplying the references is ill, on holiday or otherwise temporarily unavailable*
- \*Indemnity cover verified, commensurate with the level/type of clinical services to be performed
- \*Completed NPL application emailed to [pcse.enquiries@nhs.net](mailto:pcse.enquiries@nhs.net) for the addition of a performer
- \*Completed Contract Allocation Form emailed to Local NHS England Office (see overleaf)
- \*Hepatitis B, C, TB, HIV and other appropriate immunisations checked   
*(refer to <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12> for performer immunisation)*

(.) Where the performer is included on the Performer List or GDC register with conditions, I will ensure compliance with these conditions by:

I confirm that I have the authority of the Provider to confirm the above checks have been carried out and understand that if information is found to be inaccurate that contractual action will be undertaken.

\*Signed:

\*Print:

\*Date:

The completed form should be emailed to the relevant Local Office/Region, based on where the practice is located:

<b>North</b>		
Cumbria and the North East	Cumbria, Northumberland, Tyne and Wear & Durham, Darlington and Tees	<a href="mailto:england.dentalcne@nhs.net">england.dentalcne@nhs.net</a>
Lancashire	Burnley, Pendle & Rossendale, Hyndburn & Ribble Valley, Blackpool, Fylde and Wyre, Lancashire North Blackburn, Greater Preston and Chorley, West Lancs (Skelmersdale and Ormskirk)	<a href="mailto:England.lancsat-dental@nhs.net">England.lancsat-dental@nhs.net</a>
Greater Manchester Health & Social Care Partnership	Greater Manchester	<a href="mailto:England.gmdental@nhs.net">England.gmdental@nhs.net</a>
Yorkshire & The Humber	North Yorkshire	<a href="mailto:england.nyhdentalreturns@nhs.net">england.nyhdentalreturns@nhs.net</a>
	South Yorkshire and Bassetlaw	<a href="mailto:england.sybprimarycare@nhs.net">england.sybprimarycare@nhs.net</a>
	West Yorkshire	<a href="mailto:england.yhdentalreturns@nhs.net">england.yhdentalreturns@nhs.net</a>
Cheshire & Merseyside	Cheshire, Warrington and Wirral & Merseyside	<a href="mailto:England.cmdental@nhs.net">England.cmdental@nhs.net</a>
<b>Midlands and East</b>		
North Midlands	Staffordshire and Shropshire	<a href="mailto:england.rugeleyprimarycare@nhs.net">england.rugeleyprimarycare@nhs.net</a>
	Derbyshire and Nottinghamshire	<a href="mailto:e.derbyshirenottinghamshire-dentistry@nhs.net">e.derbyshirenottinghamshire-dentistry@nhs.net</a>
Central Midlands	Leicestershire and Lincolnshire	<a href="mailto:england.leiclincs-dental@nhs.net">england.leiclincs-dental@nhs.net</a>
	Northamptonshire, Milton Keynes, Hertfordshire and Bedfordshire and South Midlands	<a href="mailto:england.dental-athsm@nhs.net">england.dental-athsm@nhs.net</a>
West Midlands	Birmingham, Sandwell, Dudley, Wolverhampton, Walsall, Solihull, Herefordshire, Coventry, Warwickshire, Worcestershire	<a href="mailto:ENGLAND.dentalcontractswm@nhs.net">ENGLAND.dentalcontractswm@nhs.net</a>
East	East Anglia & Essex (South & West Essex, Suffolk, North & Mid Essex, Norfolk, Cambridgeshire & Peterborough)	<a href="mailto:England.dentaleast@nhs.net">England.dentaleast@nhs.net</a>
<b>South</b>		
South Central	West (Bath, Gloucester, Swindon and Wiltshire)	<a href="mailto:England.bgs-w-dental@nhs.net">England.bgs-w-dental@nhs.net</a>
	East (Berks, Bucks and Oxon - Thames Valley)	<a href="mailto:Dental.tvat@nhs.net">Dental.tvat@nhs.net</a>
South West	Cornwall and isles of Scilly, Devon, Somerset, North Somerset, Bristol and South Gloucestershire	<a href="mailto:england.swdental@nhs.net">england.swdental@nhs.net</a>
Wessex	Southampton, Hampshire, Isle of Wight, Portsmouth, Bournemouth, Poole, Dorset	<a href="mailto:england.wessexdental@nhs.net">england.wessexdental@nhs.net</a>
South East	Kent and Medway	<a href="mailto:england.southeastdental@nhs.net">england.southeastdental@nhs.net</a>
	Surrey And Sussex	
<b>London</b>		
London	London	<a href="mailto:england.lon-dental@nhs.net">england.lon-dental@nhs.net</a>