COMPASS AUTHORISATION FORM

Provider: Practice Name: Contract Number:	Practice Contact: Telephone Number: nhs.net email:

The amendments awaiting authorisation in the Compass queue 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: ☐

- The dental Performer List has been checked, they are included and not subject to suspension* ☐
- The GDC register has been checked, they are included and not subject to suspension* ☐
- 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 ☐
- Completion of NPL2 application ☐

- 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:

Cheshire and Merseyside	cm.poldental@nhs.net
Yorkshire and Humber	South Yorkshire and Bassetlaw: sybprimarycare@nhs.net
	North Yorkshire: ENGLAND.nyhdentalreturns@nhs.net
	West Yorkshire: england.wy-dentalcontracting@nhs.net
Lancashire	England.lancsat-dental@nhs.net
Cumbria and North East	england.dentalcne@nhs.net
North Midlands	england.rugeleyprimarycare@nhs.net
West Midlands	england.performerchanges@nhs.net
Central Midlands	england.dental-athsm@nhs.net
East Midlands	e.derbyshirenottinghamshire-dentistry@nhs.net
	South & West Essex: england.sweprimarycare@nhs.net
	Suffolk, North and Mid Essex: england.sgnmadmin@nhs.net
	Norfolk, Cambridgeshire & Peterborough: england.cpnadmin@nhs.net
Greater Manchester	England.gmdental@nhs.net
South West	england.swdental@nhs.net
South Central	Bath and North East Somerset: ENGLAND.BGSW-Dental-BaNES@nhs.net
	Kennet and North Wiltshire: ENGLAND.BGSW-Dental-Wiltshire-KNW@nhs.net
	South Wiltshire: ENGLAND.BGSW-Dental-Wiltshire-SW@nhs.net
	West Wiltshire: ENGLAND.BGSW-Dental-Wiltshire-WW@nhs.net
Wessex	england.wessexdental@nhs.net
South East	england.southeastdental@nhs.net
London	england.lon-dental@nhs.net