**EMERGENCY REGISTERED PRACTITIONER – COVID -19**

**Application for inclusion on the NHS England Performers List**

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| **By completing this form, you are giving consent for:**   * **this information to be shared with providers who are seeking to increase their capacity in response to the Covid-19 outbreak** * **a new DBS check to be carried out, unless you can provide an DBS online update number** | |
| **Surname** |  |
| **Forename** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Mobile** |  |
| **Email** |  |
| **Professional registration number** |  |
| **Date previously included on the Performers List in England** |  |
| **Date last worked as a GP in the UK** |  |
| **Have you signed up to the DBS online update service? (please circle) If yes please supply your certificate number** | Yes No  Certificate number\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you have a smart card** | Yes / No |
| **If you have a smart card please confirm whether it is active or inactive and the number of the card** | Active/Inactive  Card No: |

**I confirm that by completing this application form that I will be included on the NHS England Medical Performers List as a Emergency Registered Practitioner and will abide by Regulation 9 of the** [**National Health Service (Performers Lists) (England) Regulations 2013, as amended.**](http://www.legislation.gov.uk/uksi/2013/335/contents/made)

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

**Declarations**

**CONTEXT AND PURPOSE**

The NHS Performers Lists (England) Regulations 2013, as amended sets out the definition of an emergency registered practitioner, this states:

*‘ an emergency registered practitioner” means a medical practitioner—*

*(a) who is registered as a registered medical practitioner pursuant to section 18A of the Medical Act 1983 (temporary registration with regard to emergencies involving loss of human life or human illness etc.)****6*** *;*

*(b) who within the period of five years prior to being so registered, had been included in a medical performers list; and*

*(c) who was subsequently removed from that or another medical performers list—*

*(i) in accordance with regulation 14(5) or regulation 10(6) of the National Health Service (Performers Lists) Regulations 2004 (removal from performers list)****7*** *, or*

*(ii) on some other ground unconnected with impairment of fitness to practise (for these purposes, impairment is construed in accordance with section 35C(2) of the Medical Act 1983 (functions of the Investigation Committee))****8*** *;’*

Performers who are approved to be included on the England Performers List will be included for the period of the emergency and will be removed from the England Performers List when the emergency period has ended. The names of Performers included as an Emergency Registered Practitioner will appear on the Performers List during this period of the emergency.

**Please read the following:**

1. Are you currently the subject of any proceedings (which includes arrest, charge or bail) which might lead to a conviction?
2. Are you the subject of any investigation by any regulatory or other body which included an adverse finding?
3. Are you currently the subject of any investigation by any regulatory or other body?
4. Are you involved in an inquest as a person who falls within rule 20(2)(d) (entitlement to examine witnesses) or rule 24 (notice to person whose conduct is likely to be called into question) of the Coroners Rules 1984(c)?
5. Are you currently the subject of any investigation by the NHS Business Services Authority in relation to fraud?
6. Are you the subject of any investigation by the holder of any list which might lead to your removal from the list?
7. Are you the subject of any investigation in respect of any current or previous employment?

**Are any of the questions between 1- 7 above applicable to you?** YES / NO

If YES please provide the details below:

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

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| **EMERGENCY REGISTERED PRACTITIONER – COVID -19**  **Additional information required for deployment**  **By completing this form, you are giving consent for this information to be shared with providers who are seeking to increase their capacity in response to the Covid-19 outbreak** | | |
| **CCG area(s) where you will be available to work** |  | |
| **Please delete as applicable to indicate in what capacity would you be prepared to work?** | Face to face  Remote  Training  Co-ordination  Other (please specify)……………………………………… | |
| **Please indicate approximately how many how many sessions / hours per week you think you could offer** | (Per week)  Hours:  Sessions: | |
| **In the first instance we anticipate directing additional capacity into the national NHS COVID-19 Response Service, which can be done remotely at home by telephone or online. Please confirm if you’re happy to offer support to this service.** | Yes / No | |
| **If you are willing to support the national NHS COVID-19 Response Service please can you indicate whether you have access to equipment which meets the following requirements:** | A Windows PC or laptop which:   * is less than five years old * has all Windows updates applied to date * has an up to date antivirus solution * has Windows firewall enabled | * Yes / No * Yes / No * Yes / No * Yes / No |

**PLEASE COMPLETE THIS FORM AND RETURN TO [england.erplists@nhs.net](mailto:england.erplists@nhs.net)**