Dr [First] [Last]

[Address 1

Address 2

City

County

Postcode]

Email [email]

Mobile [mobile]

Date

|  |
| --- |
| Add Area Team address here - [use this link to find your nearest](https://www.performer.england.nhs.uk/AT/SearchByPostcode). |
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**Application for Performer’s List**

Please find enclosed my application for the England Performer’s List. In addition to the requested information, I also enclose the following:

1. In addition to evidence of level 3 child protection training, I also enclose evidence of adult safeguarding and BLS training.
2. A copy of my medical degree certificate.
3. A copy of my JCPTGP certificate (if your degree was outside England).
4. You have my express permission to contact my referees by email, even if the email address provided is not an nhs.net email address.

I will contact you shortly to arrange our face-to-face meeting to confirm my identity.

If any of the information supplied is incorrect, or there is additional information that I would need to supply either at this stage or any other stage of application that I have not yet provided, please let me know immediately so that I can supply this to you.

With regards,

**Dr [first] [last] [postnominals]**

[email address]