

DENTAL POSTGRADUATE SECTION

Performers List Validation by Experience Initial Application Flow Chart

NHS WALES SHARED SERVICES PARTNERSHIP

Performers List
Application DPL1
Form, BSA

Swansea / LHB Conditional Inclusion

HEALTH EDUCATION & IMPROVEMENT WALES

Initial PLVE Application:

It is the PLVE Applicant's responsibility to submit all documents and submit in <u>ONE</u> submission.

Items Required:

☐ **Job Offer** (Contract of Employment / Employment Offer Letter) which includes:

Hours of PLVE dentist +how many UDAs the nominated In Practice Mentor would do in a given year

UDA Pay rate Private work split Mentoring fees being charged

- \square In Practice Mentor Application Form
 - **Completed PLVE Application Form**
- **2 x Clinical References:** If you are, or have been employed, these should be your two most recent employers. Please provide your references written in English and use the "Guided Referee Form"

Both forms to be COMPLETED ELECTONICALLY and HAND SIGNED

Hand Written
Forms will not be
accepted!

Portfolio of Evidence: Please refer to the "Competency Framework Guidance" and Question 3 under FAQ on the PLVE website

Please ensure you enclose your CPD Certificates with your PLVE Application

Submit completed applications electronically to HEIW.DPSU@Wales.nhs.uk

Practice
CPD commitment
Portfolio and assessment requirements full filled

Final Report from Educational
Supervisor (ES) and DPSU Tutor
Portfolio Complete

PLVE Committee submission

VT Certificate and Number Issued

Join the Dental Professional Support Unit (DPSU) External Mentor – appointment Portfolio Introduction