**PERFORMERS LIST VALIDATION BY EXPERIENCE**

**EDUCATIONAL AGREEMENT**

**This is an Educational Agreement between the Postgraduate Dental Dean or their representative and a Validation by Experience Dentist (VED) undertaking a period of Performers List Validation by Experience (PLVE) under Regulation 30 (2) (c) of The National Health Service (Performers Lists) (England) Regulations 2013 SI 2013 No.335**

***INSERT VALIDATION BY EXPERIENCE DENTIST NAME***

**The purpose of this agreement is to set out obligations of a Validation by Experience Dentist undertaking a PERIOD of Performers List Validation by Experience. This is not a contract of employment. This educational agreement is limited to the period of set out in the educational requirements document (unless an extension is agreed by the Training Programme Director).**

As the VEDnamed above I agree to carry out, to the best of my abilities, the duties listed below for a period of **[INSERT NUMBER]** months, commencing on **[INSERT DATE]**.

I agree to meet the obligations listed below

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| * Work in the same premises as the VS for the duration of the training period. Not to work in any other premises without the prior agreement of the Postgraduate Dental Dean or their representative.

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| * Conduct an initial planning exercise with my VS to identify my strengths and weaknesses and draw up a personal development plan (PDP), which must be agreed with a local representative of the HEE Local Office. This development plan should be aimed at delivering those requirements which the HEE Local Office Assessment Panel has identified as necessary for me to undertake to demonstrate experience equivalent to the completion of Foundation Training.
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| * Be prepared to seek guidance and help in both clinical and administrative matters where necessary.
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| * Take part in appropriate tutorials (such tutorials to be of suitable duration, and recorded in my portfolio).
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| * Submit my completed portfolio of evidence for assessment by one month before the end of the training period.
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| * Participate in identified training when necessary within the context of the training programme identified by the HEE Local Office Assessment Panel.
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Failure to meet any of the obligations listed above will be considered a breach of this agreement which may result in immediate withdrawal of approval as a VED by the HEE Local Office.

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| **SIGNATURE:** |  | **TPD for PLVE** |  | **Date** |
| **SIGNATURE:** |  | **Validation by Experience Dentist** |  | **Date** |
|  |  |  |  |  |
| **Collection & use of personal information:** The data collected about you will be stored on Health Education England’s North West database. The information held will be used to communicate with you and may be shared with NHS and other related organisations in relation to your employment, training and assessment within Health Education England. These organisations include the Department of Health, GDC, Royal Colleges/Faculties and Trusts. Health Education England will process all personal data in accordance with the eight principles of good practice as set out in the Data Protection Act (1998). Should you have any questions regarding the use of your data please contact the Data Protection/FOI Lead on 0116 4788 625 or write to Christopher Brady, FOI, Data Protection and Briefing Lead, Health Education England, Westbridge Place, 1 Westbridge Close, Leicester LE3 5DR |
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| I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dental Dean or their representative may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does *not* constitute an offer of employment. |
| **SIGNATURE:** |  | **Validation by Experience Dentist** |  | **Date** |