

**To be fully completed by all Type 2 medical practitioner members**

Full name  **A**

Current address

Email address

NHS Pension Scheme (SD) reference number  **B**

National Insurance number  **C**

PCSE team (England) and/or LHB (Wales)  **D**

List the names and addresses of all GP practices, OOHPs, CCGs, and LHBs who you worked for in England and Wales during 2021/22   
  
  
  
  
  
 **E**

Were you a salaried GP on maternity / paternity / adoption / sick leave during 2021/22?  **F**

**The self-assessment form must be sent to PCSE (England) or the LHB (Wales) before 28 February 2023**

**Always retain a copy**

