

**Type 2 Medical Practitioner 2015/16 & 2016/17 Annual Self-Assessment**

**To be fully completed by all Type 2 Practitioner members**

Full Name  **A**

Current Address

Email Address

NHS Pensions Scheme (SD)  **B**  
Number

National Insurance Number  **C**

Host PCSE Team (England) /  **D**  
LHB (Wales)

List the names and addresses  **E**  
of all practice(s) / Surgery(s),  
OOHP's. CCG's and LHB's  
who you directly worked for in  
2015/16

Were you a salaried GP on  **F**  
maternity / paternity / adoption  
/ sick leave during 2015/16 or  
2016/17?

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

**Always retain a copy**