TYPE 2 MEDICAL PRACTITIONER SELF ASSESSMENT OF TIRED CONTRIBUTIONS
CHECKLIST AND INFORMATION REQUIRED

The type 2 self assessment form should only be completed if a GP has done type 2 work. This includes the following:-

- A Salaried GP employed by a GP practice, APMS contractor or by a Local Health Board (LHB)
- A long term locum fee based / self employed GP who works for a GP practice, APMS contractor, LHB for more than 6 months
- A GP who is solely on a employed or self employed basis for an Out of Hours Provider that is not an NHS Trust/Foundation
- A GP who works for a CCG on a Self employed basis
- A GP who does GPwSI work

I can confirm I would like RBP to complete the type 2 Self Assessment of Tiered Contributions form on my behalf.

Name: | NHS Pension Scheme No:

Did you have any authorised leave during 2025/26 e.g maternity, sickness, adoption leave

Please provide your pensionable pay (gross salary) prior to the start of your authorised leave

Please provide the name and address of all type 2 employments (GP Practice, APMS contractor, OOH, etc) and the dates you were employed during the year 2025/26

If you had breaks in your locum work of more than 3 calendar months or more, please enter each period of work separately. You do not need to complete this form if the only work you have done is as a Locum

Type 2 work

Enter the details for each Type 2 employment you had

	Name and Address of Employer	Enter 01.04.25 or the date you started if later	Enter 31.03.26 or the date you left if before	Enter Yes to confirm enclosing April 2025 to March 2026 Payslips
1				
2				
3				
4				
5				

Locum work & GP Solo Work

Enter the dates for each locum period and or GP solo work you worked during 2025/26, please also send GP Solo forms and or Locum B forms for April 2025 to March 2026

	Enter 01.04.25 or the date you started if later	Enter 31.03.26 or the date you left if before	Enter Yes to confirm enclosing Locum B forms	Enter Yes to confirm, enclosing GP Solo form
1				
2				
3				
4				
5				