Practitioner Services

Seniority Payments to General Practitioners



Purpose

To advise Practitioner Services of all information required to apply, and evidence eligibility, for Seniority payments.

Reference should be made to Section 10 of the current Statement of Financial Entitlements.

Current NHS Board Details										
NHS Board Area							NH	S BO	ARD	
Practice Reference Number										
GP Details										
Name of Doctor										
GP Reference										
GP Registration Details										
NHS (or equivalent) Service Start Date		D		D	M	M	Υ	Υ	Υ	Υ
1 st Employer	Post Held:									
GMC Registration Dates	Location:									
Provisional			D	D	N	M	Υ	Υ	Υ	Υ
Full			D	D	N	M	Υ	Υ	Υ	Υ
Temporary (if applicable)			D	D	N	M	Υ	Υ	Υ	Υ
GMC Number										
declare that the information I have given on this form is me. I acknowledge that my claim will be authenticate payment will be made to myself whilst verification is acknowledge that the onus is on myself to provide docu	d from appropriate r being carried out.	ecords. Where	whi the	ch ma NHS	ay inclu Board	de supe	rannuat	ion rec	ords, a	and that
		Prac	tice	Star	np					
Signature										
Date										

Please scan and e-mail the completed form to your Practitioner Services regional office:

Aberdeen regional office: nss.psd-gppractices-aro@nhs.scot
Edinburgh regional office: nss.psd-gppractices-ero@nhs.scot
Glasgow regional office: nss.psd-gppractices-ero@nhs.scot

Practitioner Services

Seniority Payments to General Practitioners



Additional information – NHS Career History, including relevant non-NHS service, to be recognised for Seniority

Please provide details of your NHS Service including periods of non-NHS service, eg Forces, Commonwealth Service, etc., in accordance with the 'Service that is Reckonable Service' paragraph in Section 10 of the current GMS Statement of Financial Entitlements. This paragraph extends the recognition of service with HM Forces or in the area of the European Community. To apply for recognition of such service, in determining your NHS Service Start Date, please provide full details of individual postings.

Dates									Post Held:
From	D	D	M	M	Υ	Υ	Υ	Y	Location
То	D	D	M	M	Υ	Υ	Υ	Y	Υ
Dates									Post Held:
From	D	D	M	M	Υ	Υ	Υ	Υ	Location
То	D	D	M	M	Υ	Υ	Υ	Y	Υ
Dates									Post Held:
From	D	D	M	M	Υ	Υ	Υ	Υ	Location
То	D	D	M	M	Υ	Υ	Υ	Y	Y
Dates		•		•					Post Held:
From	D	D	M	M	Υ	Υ	Υ	Υ	Location
То	D	D	M	M	Υ	Υ	Υ	Υ	Y
Dates									Post Held:
From	D	D	M	M	Υ	Υ	Υ	Υ	Location
То	D	D	M	M	Υ	Υ	Υ	Υ	Y

CVs are not acceptable. Please photocopy this page where you need to record more service.

