

# GP TRAINEE SALARY REIMBURSEMENT FORM (1)

Pay set up 2002

The following form is to be completed by the GP Registrar and Practice staff where applicable. The information is collated to ensure that any registrar appointed to a vocational training scheme receives the correct salary and is placed on the correct pay scale. **Please note that PCSE will not pay salaries without this information.** It is therefore necessary to **return this document to your programme office no later than 8 weeks before commencing the GP training post with a recent payslip that shows your incremental date.** (If your incremental date is not on your current payslip or incorrect please provide an older payslip which does include it or a letter from your last employer verifying the information required) \*

Authorisation is hereby given to Primary Care Support England (PCSE) to make payments (e.g. GP Registrar's salary and expenses, GP Trainer's grant, pay-over of employees and employers superannuation contributions etc) as set out in the "National Health Service Act: National Health Service (Vocational Training FOR General Medical Practice) Regulations 1977) (SI 1997/2817 – amended by SI 1998/669, regulation 2 (3) (a) – Directions to Health Authorities concerning GP Registrars" to the named GP Trainer and GP Registrar as per the information given above.

Section 1 General Practice (Specialty) Trainee details (to be completed by the trainee)			
Forename of Registrar		Surname of Registrar	
Date of birth		GMC number	
National insurance number		Childcare voucher amount (if applicable) (annual)	£
Are you a member of the NHS Pension scheme	Yes No	Are you currently purchasing added years	Yes .....% No
Section 2 Practice details / correspondence address(to be completed by Practice Manager)			
Practice Address (include postcode)		Full Name Of Trainer:	
		Practice code:	
Contact email for queries		Contact telephone for queries	
Salary and pension details (to be completed by Practice Manager)			
Start date of placement	dd/mm/yy	End date of placement	dd/mm/yy
Full time	Yes / No	Less Than Full Time (LTFT)	.....% wte
Basic salary		Increment Date:	
<b><u>PLEASE ATTACH A COPY OF YOUR LATEST SALARY SLIP WITH THIS FORM*</u></b>			
Signed:		Dated:	
Once completed this should be returned Completed forms must be returned to: <a href="mailto:pcse.paymentshee@nhs.net">pcse.paymentshee@nhs.net</a> and copy in <a href="mailto:gpwest.yh@hee.nhs.uk">gpwest.yh@hee.nhs.uk</a> The practice and trainee should retain a copy for their files.			

**PLEASE SUBMIT A RECENT PAYSリップ (WITHIN 3 MONTHS) ALONG WITH THIS DOCUMENT**