



**The Greater Gwent  
(Torfaen) Pension Fund**  
LOCAL GOVERNMENT PENSION SCHEME



**Application for approved Independent Registered Medical Practitioners**

SCHEME EMPLOYER:			
MEDICAL PRACTICE:			
PRACTICE ADDRESS:			
PHONE NUMBER		EMAIL	

NAME OF DOCTOR	SIGNATURE	GMC Registration Number

**I certify that the above named**

Is an independent registered medical practitioner who is registered with the General Medical Council and -

- (a) holds a diploma in occupational medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State; and for the purposes of this definition, “competent authority” has the meaning given by section 55 (1) of the Medical Act 1983, **or**
- (b) is an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or an equivalent institution of an EEA State.

**Please attach photocopies of the appropriate certificates**

SIGNED ON BEHALF OF SCHEME EMPLOYER: _____	
NAME: _____	DATE: _____
POSITION: _____	

**Approved on behalf of the Greater Gwent (Torfaen) Pension Fund**

DATE: \_\_\_\_\_