**APPLICATION FORM FOR PAYMENT OF GRANT FOR PROVIDING**

**PRE-REGISTRATION TRAINING**

|  |  |
| --- | --- |
| **Name of Trainee** |  |
| **GOC number of Trainee** |  |
| **Name and address of the ophthalmic contractor employing the trainee and to whom payment is to be made** |  |
| **Contractor code** |  |
| **Start date of training period at this practice** |  |
| **End date of training period at this practice** |  |
| **Name of Supervisor** |  |
| **GOC number of Supervisor** |  |
| **I certify that the above named trainee was**  **employed and given pre-registration training and experience for the period stated above** |  |
| **(signature of supervisor)** |
| **I confirm that I was employed and given**  **pre-registration training and experience**  **during the period stated above** |  |
| **(signature of trainee)** |
| **I hereby claim payment of the training grant at the rate of £\_\_\_\_\_\_\_\_\_ in respect of the person named above**    **(Insert grant rate)** |  |
| **(signature of contractor-employer)** |
|  |
| **(name)** |
|  |
| **(date)** |
| **Please submit to** [**pcse.optical@nhs.net**](mailto:pcse.optical@nhs.net) | |