**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** |