

Pre-Registration Training Grant Application

To:	(Area Team of NHS England)	Pharmacy or Company Stamp (or if a head office attach a signed letterhead as authorisation)
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Contractor Account Details

F Code	
Contractor Name	
Trading Name (if different)	
Premises Address	
Postcode	
Pre-registration tutor	
Pre-registration trainee	
Date Pre-registration training commenced	

Contractor Declaration

I / We confirm that the pharmacy has undertaken to provide pre-registration training to the above named trainee, in accordance with the requirements of the General Pharmaceutical Council.

I / We apply for payment of the Pre-registration training grant, as set out in Part XIII of the Drug Tariff, and undertake to immediately notify the Area Team in writing if the arrangement to provide pre-registration training ceases.

Claim made by: <i>(authorised signature)</i>		Telephone number: <i>(in case of queries)</i>	
Name: <i>(please print name)</i>		Position:	
Date:			