

**NATIONAL HEALTH SERVICE
GENERAL OPHTHALMIC SERVICES**

**GRANT FOR EMPLOYMENT OF PRE-REGISTRATION TRAINEE IN
GENERAL OPHTHALMIC PRACTICE**

PART 1: Details of Trainee

1. Name
2. Training Institute attended
3. Date of Graduation
(or examination if undergraduate) - -
4. Period of Training for
which payment is claimed

PART 2: Details of Ophthalmic Contractor employing the trainee and to whom payment is to be made

1. Name
2. Address
3. Payment Location Code
- Postcode

PART 3: Supervising Ophthalmic Optician

1. Name

PART 4: Signatures

1. I certify that the above named trainee was employed and given pre-registration training and experience for the period stated above.
Signature of Supervising Ophthalmic Optician _____
2. I confirm that I was employed and received pre-registration training and experience during the period stated above
Signature of Trainee _____
3. I hereby claim payment of the training grant in respect of the person named above (paid in two instalments)
Signature of Contractor _____

PART 5: For use by NHS Board/Practitioner Services

1. Amount of Training Grant approved £
2. Signature of Authorising Officer _____
3. Date Paid - -

**PLEASE RETURN COMPLETED FORMS TO NHS NATIONAL SERVICES SCOTLAND, OPHTHALMIC PAYMENTS TEAM,
PRACTITIONER SERVICES, GYLE SQUARE, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB**