

## Pre-Registration Training Grant Application

<b>To:</b>	PCT	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 Royal Pharmaceutical Society of Great Britain.

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 Primary Care Trust in writing if the arrangement to provide pre-registration training ceases.

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