**Payments in Respect of Ophthalmic Optical Pre-Registration Trainees**

**Claim Form for Payment of Grant for Providing Pre-Registration**

**Training in General Practice Ophthalmic**

Please complete every section of this form. Guidance to aid completion is detailed on page 3 of the form. Incomplete/incorrect forms will be returned to the claimant and can delay reimbursement to the practice.

|  |  |  |
| --- | --- | --- |
| 1 | Trainee Surname:  Trainee Forename(s):  GOC Number: | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. |
| 2 | Date of Trainee’s graduation  (or examination if  undergraduate): | Click or tap to enter a date. |
| 3 | This claim is for either: | 6 months  1st Claim  2nd Claim  12 months |
| 4 | Period of training for which payment is claimed: | From Click or tap to enter a date. To Click or tap to enter a date. |
| 5 | Practice Name: | Click or tap here to enter text. |
|  | Practice Address (including postcode) of the Ophthalmic Contractor employing the Trainee and to whom payment is to be made: | Click or tap here to enter text. |
| 6 | Supervisor Surname:  Supervisor Forename(s):  GOC Number: | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. |
|  | I certify that the above named trainee was employed and given pre-registration training and experience for the period stated above by the above practice.  Signature of Supervisor Ophthalmic Optician:  Date: Click or tap to enter a date. | |
| 7 | I certify that I was employed and received pre-registration training and experience during the period stated above at the above practice.  Signature of Trainee:  Date: Click or tap to enter a date. | |
| 8 | I hereby claim payment of the training grant at the rate as stated in the Welsh Government Fees letter for the relevant year of the above training period, in respect of the trainee named above.  Signature of Contractor – Employer  Date: Click or tap to enter a date. | |
| Please return the completed form FAO Contracts Management to:  [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk) | | |

**Guidance in Completing the Claim Form for Payment of Grant for Providing Pre-Registration Training in General Practice Ophthalmic**

**Question 1**

Please complete the full name and GOC number of the trainee your claim relates to.

**Question 2**

Please complete with the date the trainee graduated or date of examination if an

Undergraduate.

**Question 3**

You can only claim for the grant at either the end of two 6 periods of training, or at the end of the 12 months training period.

Please tick the relevant boxes on whether you are claiming 6 months and if it is the first 6 months or second 6 months of the training period, or you are claiming for the full amount at the end of the 12 month training period.

**Question 4**

Please complete the full date from and to (dd/mm/yyyy) of the period of training that your claim relates to.

**Question 5**

Please complete with the name and full address (including postcode) of the practice the claim relates to and where the grant will be paid.

**Question 6**

Please complete with the name and GOC number of the supervisor ophthalmic optician. This section should also be signed and dated by this person.

**Question 7**

This section needs to be signed and dated by the trainee that the grant relates to.

**Question 8**

This section needs to be signed and dated by the Contractor to which the payment will be sent, in relation to the trainee and supervisor stated on the claim.