



Form No. GP 114 (NI)

Return Address: Oxygen Section, Pharmaceutical Dir., CSA, 2 Franklin St., Belfast BT2 8DQ

Grants For Employment Of Pre-Registration Trainees In General Pharmacies

Application Form (to be submitted to Central Services Agency) for Payment of Grant

Name and Address of chemist contractor employing the trainee

Name of Trainee:

School of Pharmacy which trainee attended

Date of Graduation

Period of Training for which payment is claimed. Please state dates and if first or second period of training.
.....

Name of Responsible Pharmacist

I certify that the above-named trainee was employed and given pre-registration training and experience for the period stated above
.....
(signature of responsible pharmacist)

I confirm that I was employed and receiving pre-registration training and experience during the period stated above
.....
(signature of trainee)

I hereby claim payment of the training grant of £ in respect of the person named above
.....(signature of contractor)
.....(date)

FOR USE BY CENTRAL SERVICES AGENCY

Amount of training grant approved

Signature of Authorising Officer

Date paid