

**Return Address:** Pharmacy Foundation Training Claims, Pharmaceutical Directorate., BSO, 2 Franklin St., Belfast  
BT2 8DQ OR via [fytraininggrant@hscni.net](mailto:fytraininggrant@hscni.net)

**Pharmacy Foundation Training Year 2023/24 in Community Pharmacies  
Placement Grant**

**2023/2024 Grant Application Form - to be submitted to the Business  
Services Organisation**

Contractor Number

Name of Trainee: .....

Name and Address of Chemist Contractor Employing the Trainee:

.....  
.....

**Period of Training for which Payment is Claimed**

Quarterly

First  Second  Third  Fourth

6 Months  Yearly

Please state to and from dates:

.....

I certify that the above named trainee was employed and given  
pre-registration experience for the period stated above

I hereby claim payment of the training grant of £6,387 quarterly payment or  
full year £25,548 in respect of the person named above

Signature of Contractor) .....

Date .....

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