

Return Address: Pharmacy Foundation Training Claims, Pharmaceutical Directorate., BSO, 2 Franklin St., Belfast
BT2 8DQ OR via ftytraininggrant@hscni.net

**Pharmacy Foundation Training Year 2026/27 in Community Pharmacies
Placement Grant**

**2026/2027 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

Please state to and from dates:

.....

I certify that the above named trainee was employed and given
foundation training experience for the period stated above

I hereby claim payment of the training grant of £7,488.50 quarterly payment
or full year £29,954 in respect of the person named above

Signature of Contractor)

Date
