

**NATIONAL HEALTH SERVICE  
GENERAL OPHTHALMIC SERVICES**

(Rev 02/23)

**GRANT FOR EMPLOYMENT OF PRE-REGISTRATION TRAINEE  
IN GENERAL OPHTHALMIC SERVICES PRACTICE**

Use this form to claim the Ophthalmic Grant for Employment of a Pre-Registration Trainee Optometrist in a Community Optometry Practice for the year 2022-23 in accordance with circular [PCA\(O\)2022\(05\)](#)

To qualify for payment you must meet the criteria set out in [PCA\(O\)2022\(05\)](#)

**PART 1: Details of Trainee**

1. Forename
  2. Surname
  3. GOC Number (as held on GOC register)
  4. Training Institute attended
  5. Date of Graduation (or examination if undergraduate) DD/MM/YYYY
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**PART 2: Details of claim**

6. Training period from DD/MM/YYYY
  7. Training period to DD/MM/YYYY
  8. Period of Training for which payment is claimed
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**PART 3: Details of GOS Contractor employing the trainee and to whom payment is to be made**

9. Name of practice
  14. Payment Location Code
  10. Practice address line 1
  11. Practice address line 2
  12. Practice address line 3
  13. Postcode
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**PART 4: Details of Supervising Optometrist**

15. Forename
  17. Ophthalmic List Number
  16. Surname
  18. GOC Number (as held on GOC register)
  19. Personal NHS email address
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**PART 5: Declaration by Supervising Optometrist**

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

I have read [PCA\(O\)2022\(05\)](#) and believe I meet the stated conditions to claim payment of the training grant in respect of the trainee named above;

I confirm I am entitled to claim for the Pre-Registration Training Grant;

I certify that the information I have provided on this form is complete and correct to the best of my knowledge;

I understand that for the prevention and detection of fraud, NHS National Services Scotland may share the information on this form with other bodies responsible for auditing or administering public funds\*;

I understand that the claim submitted will be subject to payment verification procedures to ensure claims are valid and that inaccurate claims will be subject to payment recovery via future GOS payment schedules or any other recovery methods as deemed appropriate;

I understand that if I knowingly provide wrong or incomplete information that results in a payment being made, I may be subject to court proceedings.

20. Personal Identification Number (PIN)  
(This is the 6 digit number you use for signing off eOphthalmic claims)
21. Date DD/MM/YYYY

Completed forms must be emailed to Practitioner Services from your **personal NHS email address**. You should not send this form from the practice NHS email address.

Send completed form to [NSS.psdgospayteam@nhs.scot](mailto:NSS.psdgospayteam@nhs.scot) with 'GOS Pre-registration Training Grant' in the subject field.

**Do not send this form by post.**

\*Further information is available at <https://www.nss.nhs.scot/publications/practitioner-services-data-protection-notice/>