

**PCS INFRASTRUCTURE DEVELOPMENT FUND
STAFF TRAINING – FINANCIAL SUPPORT
CLAIM FORM**

Contractor PSD code: _____

Contractor name & address: _____

Name of staff member: _____

Name of course provider: _____

Course title: _____

Course start date: _____

Course completion date if applicable: _____

COUNTER FRAUD DECLARATION

I declare that the information I have provided is correct and complete. I understand that, if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I agree that any overpayments identified through the post payment verification procedure may be recovered at a future date by the Common Services Agency for the Scottish Health Service. For the purposes of payment verification, I confirm that I consent, and have obtained the written consent of all contractors who are the subject of this claim, to the disclosure of information from this form to and by the Common Services Agency and the Health Boards on whose pharmaceutical lists are included all of the contractors to which this claim relates, and confirm that I and they will co-operate fully with all payment verification procedures.

Signature: _____

Name (in Capitals): _____

Company position: _____

Date: _____

Completed forms should be returned by 31 January 2012 with the required documentation to:
Dr Rose Marie Parr
NES Pharmacy
3rd Floor, 2 Central Quay
89 Hydepark Street
GLASGOW
G3 8BW