

Distance Learning Revision Course – Summer 2012

Application Form



Please read the details in this form and the accompanying guidance notes carefully, complete all sections and sign the declaration on the reverse. Failure to do so will delay your application and you may lose your place on the course.

Surname	Forename(s) - no abbreviations or nicknames	Title (Mr, Mrs, Miss)
Gender: M / F	Date of Birth: / /	ABDO Number:

GOC Registration Number:

Practice Name and Address (including postcode):

Tel:	Fax:	Email:
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Home Address (including postcode):

Tel:	Fax:	Email:
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Invoice Contact Name and Address (including postcode):

Tel:	Fax:	Email:
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Please indicate clearly which course you wish to apply for:

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Year 1 Optics and OL | 12 Weeks | <input type="checkbox"/> Year 3 Contact Lenses (Disp) | 6 Weeks |
| <input type="checkbox"/> Year 2 AOL and OD | 12 Weeks | <input type="checkbox"/> Year 3 Low Vision (Disp) | 6 Weeks |
| <input type="checkbox"/> Year 2 Professional Conduct | 6 Weeks | <input type="checkbox"/> Year 3 Refractive Management | 12 Weeks |
| <input type="checkbox"/> Year 2 Communication Skills | 6 Weeks | | |
| <input type="checkbox"/> Contact Lens Visual Optics | 12 Weeks | | |
| <input type="checkbox"/> Contact Lens Anatomy | 12 Weeks | | |
| <input type="checkbox"/> Contact Lens Practice | 12 Weeks | | |

Student Declaration

I have read and understood the information contained both in this application form and on any accompanying notes and declare that all the information I have given is correct.

I understand that it is my responsibility to arrange the payment of my course fees and that I can not attend the college until fees have been paid in full.

I hereby sign in agreement to the above contract.

Signature:
Date: