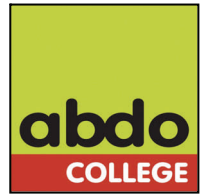


Application for Fellowship Dispensing Diploma: Year 2



Please read the details in this form and the accompanying guidance notes carefully, fill in all sections and submit any documents as required. Failure to do so will delay your application and you may lose a place on the course.

Surname	Forename(s) - no abbreviations or nicknames	Title (Mr, Mrs, Miss)
Gender: M / F	Date of Birth: / /	ABDO Number:
Optical Qualifications:		
GOC/MAPO No:		
Date PQE Theory taken/due to be taken:		

Practice Address—all dispensing students' assignments are sent to this address. Overseas students must state full address (not a PO Box number) for courier delivery of assignments.

Practice Name (including postcode):		
Tel:	Fax:	Email:

Home Address (including postcode)

Tel:	Fax:	Email:

Invoice Address (including postcode)

Organisation Name:		
Tel:	Fax:	Email:

Paper based course is issued as standard. Please tick box if you also wish to receive the course on CD Rom:

I give ABDO permission to release my name, practice address and telephone number to fellow students:

Yes

No

Supervisor Details & Declaration

Supervisor Name:		
Supervisor's Registered Practice Address (inc postcode)		
Tel:	Fax:	Email:
ABDO Number:	GOC Number:	Qualifications:
Name of Professional Indemnity Insurance Provider:		
Policy Number:		
I confirm that: *the person named overleaf is working as a trainee Dispensing Optician with me in practice and under my personal supervision, for a minimum of 30 hours per week *I am a registered Dispensing Optician, Contact Lens Optician, Optometrist or Ophthalmic Medical Practitioner *I have been registered with the General Optical Council for a minimum of two years without interruption immediately prior to the start of this supervision *I am aware that I may only have two trainee Dispensing Opticians under my supervision at any one time and that I must be in practice with my trainee(s) at all times *the student will be covered under the Professional Indemnity Insurance Policy as detailed above. * I have read, understood and agree to abide by the supervision rules as set out in the ABDO Advice & Guidelines section 1.6.		
Supervisor's Signature:		

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 I must be employed as a trainee Dispensing Optician for a minimum of 30 hours per week for the duration of my studies, under the continuous supervision of my registered Personal Supervisor as detailed above. I agree to advise ABDO College immediately if any of my employment/supervisor details change.

I understand that it is my responsibility to ensure all work is completed on time and sent to my tutor. It is also my responsibility to arrange the payment of my course fees.

I hereby sign in agreement to the above contract.

Signature:
Date: