

Low Vision Honours Course 2012 Application Form



Please read 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 your place on the course.

Surname	Forename(s) - no abbreviations or nick-names	Title (Mr, Mrs, Miss)
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Gender M / F	Date of birth / /	ABDO Number
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Optical Qualifications:
GOC Registration No: To undertake this course you must hold full registration with the General Optical Council.

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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I wish for my coursework to be sent to the address as indicated below:

Home Practice

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

Yes No

P.T.O.

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 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 contact.

Signature:
Date: