ABDO pre-qualification period experience for ABDO trainee dispensing opticians

Initial declaration (2023 syllabus).

Practice education lead (PEL) and main practice registration

Please provide all requested information, any omissions may result in rejection of the form. The undertakings must also be fully completed (including clear agreement to the tick box statements) to confirm your understanding of the responsibilities you are undertaking. PEL supervisors need to email the completed form preferably as an appropriately named single pdf attachment to examinations@abdo.org.uk from the PEL supervisor email as provided below.

Do not start the ABDO PQP until the date of commencement is issued after submission of this form.

Learner details	
Full legal name including preferred title:	
ABDO membership number:	
GOC student registration number:	
Date of GOC registration as showing on public record:	
Name of training Institute where you are studying:	
What year of your course are you in (e.g. Yr. 1)?	

Practice education lead (PEL) details	
Full legal name including preferred title:	
GOC (or CORU) registration number:	
Qualifications:	
Date of GOC registration as showing on public record:	
Email address (needs to be unique to the individual)	
ABDO member number (write N/A if not)	

Main practice details	
Practice trading name	
Full postal address including postcode	
Telephone number:	
ABDO practice reference number (If known)	

Undertaking by practice education lead (PEL)

Before signing and dating the overall undertaking, all tick box statements must be ticked, as showing that agreement is a requirement to supervise for the ABDO PQP. That is an instruction ABDO received from the GOC. If you are unsure on any of the statements and need to discuss anything, please contact the ABDO examinations department on 01227 732 921 before signing/dating your undertaking.

In order to supervise for the ABDO PQP in the PEL supervisor role you are required to confirm each declaration before signing that:

- ☐ I have read and acknowledge my responsibilities as stated within the ABDO PQP PEL PTS guide. I have also viewed the relevant FBDO syllabus.
- ☐ I declare that all the items listed as compulsory equipment are available to the learner in the named main practice.
- ☐ I confirm that I work at the named main practice with this learner on a regular basis.
- ☐ I declare that I am a qualified dispensing optician or optometrist and have held continuous qualified registration for at least the last two years with the General Optical Council (or CORU), as indicated on the public GOC registers (or as evidenced by a CORU letter of professional standing additionally attached).
- ☐ I have considered my work and supervisory commitments and can provide the supervision required for the ABDO PQP, holding overall responsibility for monitoring the ongoing progress and the suitability of all supervisory arrangements of the named learner.
- ☐ I will provide evidence of/or commit to undertaking supervisor training such as ABDO CPD accredited supervisor's course or equivalent (e.g. College of Optometrists).
- ☐ I understand that all records undertaken under my supervision are subject to verification by an ABDO examiner.
- ☐ Any supervisor nominating themselves as a PEL or practice task supervisor (PTS) agrees for their name, GOC number and PTS registration dates to be recorded on a list of registered PTSs for the practice they register at, which may be shared with any staff member working at that practice.
- ☐ I agree to work with ABDO to provide details of any associate practices where the learner may also be working on their ABDO PQP and also to nominate any other registered professionals who may supervise the learner as a PTS in the main and/or associate practice(s).

In signing this undertaking, the PEL supervisor commits themselves to providing continuous personal supervision for the learner, when the learner is engaged in patient encounters. Such supervision is a requirement of the General Optical Council, and this is a legal undertaking.

Please be aware that the signature below will be used for verification purposes, so that will need to be identifiable on the records that you will be signing in the learner's PQP portfolio. Only individual physical signatures can be considered when signing ABDO PQP records.

Practice education lead full name: _____

Practice education lead signature: _____

Date this undertaking has been signed: _____

Undertaking by learner

Before signing and dating the overall undertaking, all tick box statements must be ticked, as showing that agreement is a requirement to work on your ABDO PQP. That is an instruction ABDO received from the GOC. If you are unsure on any of the statements and need to discuss anything, please contact the ABDO examinations department on 01227 732 921 before signing/dating your undertaking.

In order to work on your ABDO PQP you are required to confirm each declaration before signing that:

☐ I have, read and acknowledge my responsibilities as stated within the ABDO PQP trainees guide. I have also viewed the relevant FBDO syllabus.

☐ I declare that I am a current student member of the ABDO and will maintain my membership for the duration of my studies and practice placement (renews yearly in January).

☐ I declare that I am registered as a current student dispensing optician with the General Optical Council, and I will maintain my registration for the duration of my studies and practice placement (renews yearly in September).

☐ I confirm that I work regularly at the named main practice with the practice education lead supervisor.

☐ I understand that during my pre-qualification period, if any changes occur to my practice education lead supervisor and/or main practice, then a change of main details form will need to be competed and submitted by my PEL supervisor.

In signing this undertaking learners commit themselves to meeting the requirements of PQP training and meeting all conditions relating to the PQP and examination entry, including deadlines and that failure to do so may affect my eligibility to sit examinations and qualify as FBDO dispensing optician.

Under the terms of the Data Protection Act 2018 we are obliged to advise you that the personal information you provide to us and the results of any examinations you complete set by ABDO will be kept in the strictest confidence and only used for the purposes of your training. However, by signing this form, you do consent to our disclosure of any of your personal data, including examination results and PQP feedback, to your PEL supervisor, as deemed appropriate.

Learner full name: _____

Learner signature: _____

Date this undertaking has been signed: _____