Pre-qualification period experience for trainee dispensing optician learners

Specialist clinic supervisor arrangement (2023 syllabus)

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. Please email the completed form as one pdf attachment, named with your ABDO number followed by specialist clinic supervisor (e.g. 123456 specialist clinic supervisor), to examinations@abdo.org.uk.

ABDO will confirm in writing once the details have been verified and accepted and once granted, approval will remain in place for a specified period of up to a maximum of three months.

Details valid from _____ (please insert date)

For _____ (e.g. one day, three months)

Learner details	
Full legal name including preferred title:	
ABDO membership number:	
GOC student registration number:	

Specialist clinic practice details	
Practice name:	
Practice address:	
Practice telephone number:	

Supervisor at specialist clinic details	
Full legal name including preferred title:	
Professional registration number:	
Optical qualifications:	
Email address (needs to be personal not generic)	
ABDO member number (write N/A if not)	

Clinic speciality (as per ABDO PQP guide)

- ☐ Paediatrics (1-6)
- ☐ Low vision (41-46)
- ☐ Referral (47-48)
- ☐ Other (please specify ABDO PQP case record category) _____

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.

Undertaking by specialist clinic supervisor

In order to supervise a learner for their ABDO PQP you are required to confirm each declaration by ticking and signing the following:

- ☐ I have seen, read and understood the relevant case record category information in the ABDO PQP 2023 guide for supervisors (available on the ABDO website www.abdo.org.uk).
- ☐ I declare that I am a qualified dispensing optician, optometrist or orthoptist and have held continuous qualified professional registration for at least two years (e.g. with the GOC, CORU or HCPC). We will additionally require a letter of professional standing for registrants with CORU. We will additionally require a copy of the registrants' qualification certificate for orthoptists registered with the HCPC.
- ☐ I declare that I expect to work at the indicated practice with this learner for the specified period on page 1 of this form.
- ☐ I have considered any other work/supervisory commitments and can provide the supervision required for this ABDO PQP temporary placement. If I can conscientiously do so, the trainee will be given the experiences, opportunities and responsibilities under my supervision of fulfilling all the requirements of the PQP for the speciality as specified on page 1. I have also made arrangements with the trainee regarding how the completed PQP case records from this experience will be presented to me for checking and physical signing before then being returned to the trainee.

In signing this undertaking, on days where they are the responsible supervisor, the supervisor commits themselves to providing continuous personal supervision for the trainee at all times when the trainee is engaged in spectacle dispensing. Such supervision is a requirement of the General Optical Council, and this is a legal undertaking.

Supervisor name (print in full): _____

Professional registration number: _____

Signature (will be used for verification purposes): _____

Date signed: _____

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.

Undertaking by learner

In order to work on your ABDO PQP you are required to confirm each declaration by ticking and then signing the following:

☐ I have, read and acknowledge my responsibilities as stated within the pre-qualification period guidance for students (2023 syllabus). 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).

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, to the PEL or PTS that is/are linked to the practice(s) relative to you completing your ABDO PQP and this specialist clinic supervisor, if required.

Learner full name: _____

Learner signature: _____

Date this undertaking has been signed: _____