

**This page must be returned**



**Association of British Dispensing Opticians  
Examination Application Entry Form**

**WCSM Examinations**

**Certificate in Optical Care at SCQF Level 5**

**Certificate in Optical Care at SCQF Level 7**

**Only candidates who are resitting these exams or who have previously withdrawn from these examinations are eligible to apply for these examinations.**

**15-16 December 2020 Online in practice**

Your exams will be on one of these days. You will be informed of the day and times of your exams after the closing date for applications.

**We encourage all candidates to think carefully before entering for examination and only to submit an application when they feel they are ready.**

Please complete **all** sections of this form in **BLOCK CAPITALS** and return to the address below by **Recorded/Tracked Post by 5pm Thursday 1 October 2020**

*Applications received after the closing date may not be accepted and may incur an additional charge of £75.00*

Please return the complete form to:

Examinations and Registration Department  
Association of British Dispensing Opticians  
The Old Dairy  
Godmersham Park  
Godmersham  
Canterbury  
Kent CT4 7DT

Failure to return the necessary pages of this application, with payment, will result in the application not being accepted and returned to you by post.

**For Office Use Only**

<b>Candidate Number:</b>		<b>Name:</b>		<b>Exam:</b>	
<b>Entered on DB:</b>	NG <input type="checkbox"/>	<b>Spreadsheet</b>	<input type="checkbox"/>	<b>Fee:</b>	
<b>Payment Method:</b>	Cheque <input type="checkbox"/>	Card <input type="checkbox"/>	Bacs <input type="checkbox"/>	<b>Date:</b>	

**Section 1 – Personal Details**

**ABDO Number:**     

*If you do not have an ABDO number, one will be assigned to you when you register for an examination.*

Title     Mr  Mrs  Miss  Ms

Date of Birth (D/M/Y) //

Forename(s)

Surname

**Section 2 – Address Details**

**Home Address**

House Name/Number

Address

  
  
  

Postal Code   

Country

Telephone Number (Please include STD Codes)

**Practice Address**

Practice Name

Address

  
  
  

Postal Code   

Country

Telephone Number (Please include STD Codes)

*You may write above/below the boxes allocated for your response, if necessary.*

**Section 3 – Email Addresses**

Please note that the WCSM will send your examination results to you by email. ABDO Examinations asks you to keep it advised of any changes to your email addresses.

**Email (Home):** \_\_\_\_\_

**Email (Work):** \_\_\_\_\_

Please confirm where you would like your examination information sent:

**Home address:**       **Practice address:**

**Section 4 – Examinations**

Please tick the box below for your chosen examination and include the completed relevant appendix page:

**Qualifications Accredited in Scotland**

Certificate in Optical Care at SCQF Level 5

Certificate in Optical Care at SCQF Level 7

**Section 5 – Examinations Venue**

Online in your practice

**Section 6 – To be completed by your Online Invigilator**

Forename(s):

□□□□□□□□□□□□□□  
□□□□□□□□□□□□□□

Surname:

□□□□□□□□□□□□□□

Professional Qualification achieved:

□□□□□□□□□□□□□□

Professional Registration or equivalent:

GOC Number: D-□□□□□□ (DO)

Or (Optom): 01-□□□□□□□

Or IOB Number: □□□□□□

Telephone Number (Please include STD Codes)

□□□□□□□□□□□□□□

Email: \_\_\_\_\_

Invigilator's signature

## Section 7 – Fees

Payment **must** accompany this form and can only be made by cheque, credit card or BACS.

No other method of payment (including invoicing) will be accepted for examination fees. Receipts for examination fees can be obtained from ABDO Examinations and Registration.

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## Section 8 – Payment Details

### Credit Card Payment Details

(All sections marked \* must be completed).

Only the following cards will be accepted. We cannot accept AMEX/Electron cards.

Please tick payment card being used:

Access                       Visa  
 Switch                         Mastercard

Please debit the following account for the examination fees totalling £\_\_\_\_\_\*\*  
for (name) \_\_\_\_\_

ABDO number:

\*\* Please insert authorised amount to be debited.

Card Number:\*

Issue Number:                           
(If applicable)

Security Number:\*                    
(last three digits found on back of the card)

Start Date:                           /

Expiry Date:\*                        /

### Cardholder Details

Name:\* (as written on card)

Address:\* (must be completed, in full)

Post Code:\*                       

Country:

Signed:\*

\_\_\_\_\_  
Cardholder's signature

Date:                                   /   /

**Note: If any of the above details are not completed and/or a transaction is declined, this application will be returned by post, unprocessed.**

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### BACS Payments

**Only to be used for Individual Payments – NOT to be used for group payments.**

Individual students can pay for their examinations by BACS using the following information:-

Account Name: ABDO

Bank: Barclays

Account No: 00972967

Sort Code: 20-03-53

- You must quote your **ABDO membership number followed by the word EXAMS** when making payment.
- Clearly indicate BACS payment above.
- You **must** attach the Payment Confirmation from the bank with this application form.
- **Failure to provide complete information of the BACS transmission with this application will delay the processing of this exam application form and it will be returned to you unprocessed.**

## Section 9 – Equal Opportunities

ABDO and WCSM aim to ensure fair treatment in relation to admission and assessment of examination candidates. Neither ABDO nor WCSM will discriminate on the grounds of age, disability, gender, gender reassignment, race, religion and belief, sexual orientation, pregnancy or maternity.

From time to time, we may be asked to provide statistical information on our candidate base and the results of our efforts to ensure fair access in accordance with the Equality Act 2010. Please help us to do so by completing the form below.

White, British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White, European Heritage	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White, Other	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White, Type not known	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black, Caribbean Heritage	<input type="checkbox"/>	Other (Known)	<input type="checkbox"/>
Black, African Heritage	<input type="checkbox"/>	<b>Student not prepared to say</b>	<input type="checkbox"/>
Black, other	<input type="checkbox"/>		

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We would like all candidates to be able to perform to the best of their ability. Please tick the appropriate box if you are affected by any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> You are blind or have a serious visual impairment uncorrected by glasses  | <input type="checkbox"/> You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D   |
| <input type="checkbox"/> You are deaf or have a serious hearing impairment   | <input type="checkbox"/> You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches |
| <input type="checkbox"/> You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy | <input type="checkbox"/> You have two or more impairments/and or disabling medical conditions  |
| <input type="checkbox"/> You have a mental health condition such as depression, schizophrenia or anxiety disorder                              | <input type="checkbox"/> You are pregnant  |
|  | <input type="checkbox"/> You are currently on maternity leave  |

**If you feel that any of the above will affect your performance in the examination and you need extra assistance, please return The Request for Reasonable Adjustments form which was sent to you with this examination application form.**

### Section 10 – Candidate Declaration

(To be signed by ALL candidates)

I declare that:

- a) The information given on this application is correct.
- b) I understand that my examination fee is non-refundable.
- c) I agree that any paperwork completed by me at the examination (i.e. orders, forms, scripts, etc.) are the property of ABDO and will not be returned to me under **any** circumstances.
- d) I have completed all necessary sections of this application and enclosed the relevant fees/documentation
- e) I understand that as I am taking the examination online at my place of work, an external verifier may conduct an unannounced audit whilst the exam is in progress.
- f) I understand that if this application is unsuccessful and fails to meet the necessary requirements, it will be returned by post, unprocessed.

\_\_\_\_\_  
Signed by Candidate

Date   /   /

**This page must be returned if applying for these exams**

**Certificate in Optical Care at SCQF Level 5**

**Online at your place of work**

I am applying for the full examination. I previously applied for these examinations but subsequently withdrew. Please state date of exams you withdrew from:

\_\_\_\_\_

I am a returning candidate and wish to re-sit this examination.

**Examination Fees**

Mandatory units; 1, 2, 3, 4 and 5 - **£475.00 (inclusive)**

Re-sit units - **£160.00/unit**

**Mandatory Units**

*Please indicate below which units you are applying for:*

- Unit 1 – Responsibilities in Optics
- Unit 2 – Communication in Optical Customer Service
- Unit 3 – The Eye and Ametropia
- Unit 4 – Supporting the Provision of Spectacle Lenses in Optical Practice
- Unit 5 – Supporting the Provision of Optical Screening

**This page must be returned if applying for these exams**

**Certificate in Optical Care at SCQF Level 7**

**Online at your place of work**

I am applying for the full examination. I previously applied for these examinations but subsequently withdrew. Please state date of exams you withdrew from:

\_\_\_\_\_

I am a returning candidate and wish to re-sit this examination.

**Examination Fees**

Mandatory units: 1, 2, 3 and 4 - **£475.00 (inclusive)**

Resit units - **£185.00/unit**

**Mandatory Units**

*Please indicate below which units you are applying for:*

- Unit 1 – The Legal Requirements in an Optical Practice and Contact Lens Care
- Unit 2 – Optical Screening
- Unit 3 – Supporting the Provision of Spectacles in Optical Practice
- Unit 4 – Supporting the Provision of Low Vision Aids in Optical Practice



## Please retain this page for your information

### Important Notes to all Candidates

- **Condition of Entry**

It is a condition of entry to the WCSM/ABDO Examinations that the candidate accepts that the Examiners' decisions are final.

In the event of failure of any Theory Examination a report may be requested, on payment of the appropriate fee and within the timescale. No further correspondence will be entered into.

- **Receipts for examination fees can be obtained from:**

Examinations and Registration Department  
Association of British Dispensing Opticians  
The Old Dairy  
Godmersham Park  
Godmersham  
Canterbury  
Kent CT4 7DT

- **Data Protection**

We recognise that your privacy is important. Information provided on this form will be held securely by ABDO and used only in relation to the conduct of WCSM examinations on the basis of legitimate interest by the data controller (ABDO), the Awarding Organisation (The Worshipful Company of Spectacle Makers), government and regulatory bodies, such as SQA Accreditation, if there is a requirement to do so or a relevant third party (for example other educational bodies or universities and the General Optical Council (GOC)). Information given on this form will not be made available to examiners and will not affect your result. Information will not be passed to any third parties for marketing purposes.

For further information, please see our GDPR guidance for examination candidates

- **Confirmation of Examination Dates**

Examination Acknowledgement letters stating the date, time and venue of your examination will be sent by mail to your current registered mailing address. Once dates have been confirmed, these will not be changed under any circumstances. Please ensure you keep your letter in a safe place as you **must** present it at the examinations.

- **Withdrawals**

An administration charge of £20.00 will be made for all withdrawals. Withdrawals from any examination(s) **must** be made on a "Request to Withdraw from Examination(s)" form which can be downloaded from the WCSM section of the Examinations page of the ABDO website ([www.abdo.org.uk](http://www.abdo.org.uk)) or at the back of your examination application pack. This form must be completed and returned to the Examinations Department.

- ❖ Non-attendance at an examination will result in losing the examination fee paid.

- ❖ If withdrawal from an examination(s) is for a medical reason, the Examinations Department must be informed in writing, using the "Request to Withdraw from Examination(s)" form and include a medical certificate stating that the candidate is unfit for work on the date of your examination(s).

- ❖ Withdrawals from the examination must be applied for on the 'Request to withdraw from Examination' form. Withdrawals on the day of the exam will be registered on to our database and a withdrawal form will be sent to the candidate.

Please retain this page for your information

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## Checklist

This page should be retained for your reference in the event of any query.

Please read the following checklist carefully and check that you have complied with **all** points.

- Have you completed Sections 1-10 (where applicable)?
- Have you clearly stated in Section 4 the Examinations you wish to apply for?
- Has your nominated invigilator signed Section 6?
- Please ensure you sign and date the Candidate Declaration (Section 8) and return this form to the address below.
- Have you enclosed the correct examination fees with the application, either by cheque, credit card or BACS?
- I have read understood the Recognition of Prior Learning document and if applicable attached the RPL Exemption form to this application form (see attached PDF)
- I have read and understood the Reasonable Adjustments and Special Considerations Policy and Procedures and, if applicable, attached the Request for Reasonable Adjustments Form to this application form (see attached PDF)

Only the original form in its entirety will be accepted – photocopies or fax copies of any page/section of this application will not be accepted.

### Closing Dates for Examination Entry Application Forms

Once completed, please send your application and full payment by **Recorded/Registered Post** to the address below or emailed to [lpogson@abdo.org.uk](mailto:lpogson@abdo.org.uk) before the closing date of **5pm Thursday 1 October 2020**. Applications will be acknowledged within five working days of receipt. Applications received after the closing date may not be accepted and may incur an additional charge of £75.00.

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