

Pre-Qualification Experience for Trainee Dispensing Opticians



Initial Declaration (2015 syllabus) Practice/Supervisor Registration

Please provide all requested information as omissions may mean we cannot accept the form or may cause a delay in the issue of your date of commencement. All the declaration boxes are expected to be ticked before the declarations are signed and dated. Instructions for completing the ABDO PQP are in the 'Welcome to ABDO Examinations guide'. Please post the form to: **ABDO Examinations & Registration Department, The Old Dairy, Godmersham Park, Godmersham, Canterbury, Kent, CT4 7DT.** Do not start your ABDO PQP until you have been provided with your PQP Date of Commencement.

Trainee Details	
Full legal name: (*Delete as appropriate)	*Mr/Mrs/Miss/Ms/Other:
ABDO Membership number:	
GOC Student Registration number:	
Studying dispensing course at:	
Current year of course:	

Principal Practice Details (Compulsory)	
Practice Name:	
Address:	_____ _____ _____ _____ _____ Is this a domiciliary arrangement? Yes/No (please strikethrough)
Telephone number:	

Secondary Practice Details (Optional)	
Practice Name:	
Address:	_____ _____ _____ _____ _____ Is this a domiciliary arrangement? Yes/No (please strikethrough)
Telephone number:	

Supervisor Details		
	Principal Supervisor (Compulsory)	Secondary Supervisor (Recommended)
Full Name: (*Delete as appropriate)	*Mr/Mrs/Miss/Ms/Other: _____	*Mr/Mrs/Miss/Ms/Other: _____
GOC/CORU Registration number:		
Qualifications:		
ABDO database number and/or email address		
Place of Practice: (Please tick box)	<input type="checkbox"/> Principal Practice Only <input type="checkbox"/> Secondary Practice Only <input type="checkbox"/> Both Practices	<input type="checkbox"/> Principal Practice Only <input type="checkbox"/> Secondary Practice Only <input type="checkbox"/> Both Practices

Undertaking by supervisor(s)

In order to supervise a Trainee Dispensing Optician you are required to confirm by ticking and signing that:-
(First tick boxes are for principal supervisor. Second tick boxes are for a secondary supervisor if in place)

- I have seen, read and understand both the Pre-Qualification Period Guidance Notes and the separate supervisor version of the PQP guide which are available on the ABDO website. I have also viewed the relevant FBDO syllabus.
- I declare that all the items listed as compulsory equipment are available to the trainee in the practice(s) named overleaf.
- I declare that I am a qualified Dispensing Optician or Optometrist and have held continuous full registration for at least the last two years with the General Optical Council or CORU, as indicated on the public registers or as evidenced by a copy of a letter of professional standing.
- I understand that I can only be registered to supervise a maximum of two students who are completing their ABDO PQP at any time. I have considered any other work/supervisory commitments and can provide the supervision required for the ABDO PQP.
- I declare that I expect to work at the indicated practice(s) overleaf with this trainee on a regular basis and these details are viewable on the public GOC /CORU registers.
- I declare that, 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 and any preparation required for their ABDO practical examinations. If I cannot provide these under my supervision, I will do what I can to assist the trainee to find alternative work placements where this can be achieved.

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

Principal Supervisor Name: _____ GOC/CORU number: _____
(Print in full)

Full Signature: _____ Shortened Signature: _____ Date signed: _____

Secondary Supervisor Name: _____ GOC/CORU number: _____
(Print in full)

Full Signature: _____ Shortened Signature: _____ Date signed: _____

Undertaking by trainee

In order to undertake the Pre-Qualification Period you are required to confirm by ticking and signing that:-

- I have seen, read and understand both the Pre-Qualification Period Guidance Notes and the separate student version of the PQP guide which are available on the ABDO website. I have also viewed the relevant FBDO syllabus.
- I declare that I am a paid-up student member of the ABDO.
- I declare that I am currently registered as a student dispensing optician with the General Optical Council and my details, including the practice address(es) stated overleaf, are viewable on the public GOC register.
- I understand that during the Pre-Qualifying Period I must personally notify ABDO's Examinations and Registration Department by the required method, of any changes to those stated overleaf.

In signing this undertaking trainees commit themselves to meeting the requirements of PQP training and observing 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. Under the terms of the Data Protection Act 1998 we are obliged to advise you that the personal information you provide to us and the results of any tests 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 any supervisor you currently have registered with ABDO, to the business that employs you and to the head office of that business where relevant for administrative purposes.

Name: _____ Trainee Signature: _____ Date signed: _____
(Print in full)