

ABDO Case Record form for the Pre-Qualification Period Portfolio

Case number:	5	1
Category:	Manufacturing visit	

ABDO Membership number	
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Manufacturer address:	
Manufacturers stamp:	
Authorised manufacturing signature:	Date of Signature:
Name of Signatory:	
Manufacturing areas covered on this visit (please initial)	
Surfacing	_____
Glazing	_____
Tints/Coats	_____
Frame manufacture	_____
NB where areas are covered by video or presentation, please add title and date viewed	

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Additional information (additional pages can be added if required)

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Supervisor/Lecturer Declaration:

Case number:	5	1	ABDO Membership number	
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I confirm that the trainee has attended this visit and that the report I have checked is entirely their own work.

Signed by Supervisor or Lecturer

Date Checked and Signed