

# Pre-Qualification Experience for Trainee Dispensing Opticians



## Change of Details (2015 syllabus)

### Any changes since previous ABDO PQP registration form

Please provide all requested information as omissions may mean we cannot accept the form or may cause a delay in the issue of you receiving confirmation from ABDO of any changes to your ABDO PQP supervision record. All the declaration boxes are expected to be ticked before the declarations are signed and dated. Please post the form to: **ABDO Examinations & Registration Department, The Old Dairy, Godmersham Park, Godmersham, Canterbury, Kent, CT4 7DT.**

Continuing Details Valid From \_\_\_\_\_ (please insert date)

Trainee Details	
<b>Full legal name:</b> (*Delete as appropriate)	*Mr/Mrs/Miss/Ms/Other: _____
<b>ABDO Membership number:</b>	_____
<b>GOC Student Registration number:</b>	_____

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

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

Supervisor Details		
	Principal Supervisor (Compulsory)	Secondary Supervisor (Recommended)
<b>Full Name:</b> (*Delete as appropriate)	*Mr/Mrs/Miss/Ms/Other: _____	*Mr/Mrs/Miss/Ms/Other: _____
<b>GOC/CORU Registration number:</b>	_____	_____
<b>Qualifications:</b>	_____	_____
<b>ABDO database number and/or email address</b>	_____	_____
<b>Place of Practice:</b> (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 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.

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)