

# 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 delays whilst we seek clarifications. 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, Unit 1 Court Lodge Offices, 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 including preferred title:         |  |
| ABDO Membership number:                            |  |
| GOC Student Registration number:                   |  |
| Name of training Institute where you are studying: |  |
| What year of your course are you in (e.g. Yr 1)?   |  |

| Principal Practice Details<br>(Compulsory for all)   |   |
|--|---|
| Practice trading name, full postal address and telephone number:   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> |
| <input type="checkbox"/> Tick if this is an exclusively domiciliary arrangement (i.e. only home visits) and provide secondary 'in practice' details. |   |

| Additional Secondary Practice Details<br>(Optional, unless principal practice is exclusively domiciliary i.e. home visits) |   |
|--|---|
| Practice trading name, full postal address and telephone number:   | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> |

| Supervisor Details                               |   |   |
|--|---|---|
|  | Principal Supervisor (Compulsory)   | Secondary Supervisor (Recommended)  |
| Full legal name including preferred title:       |   |   |
| GOC/CORU Registration number:                    |   |   |
| Qualifications:                                  |   |   |
| Email address (needs to be personal not generic) |   |   |
| ABDO member number (write N/A if not)            |   |   |
| Working at (related to above practice details):  | <input type="checkbox"/> Principal Practice Only<br><input type="checkbox"/> Secondary Practice Only<br><input type="checkbox"/> Both Practices | <input type="checkbox"/> Principal Practice Only<br><input type="checkbox"/> Secondary Practice Only<br><input type="checkbox"/> Both Practices |

# Pre-Qualification Experience for Trainee Dispensing Opticians



All tick boxes are expected to be ticked, as agreement with the statements is a requirement to supervise for the ABDO PQP.

The General Optical Council requested us to introduce tick box statements for our ABDO PQP registration forms.

If you are unsure and need to discuss any of the statements, please contact us in the office on 01227 732 921 before signing your declaration, as we may be able to agree to certain annotations, if appropriate.

## Undertaking by Supervisor(s)

The first set of tick boxes to the left are for the principal supervisor to confirm.

The second set of tick boxes are for a secondary supervisor to confirm, if a secondary supervisor is being registered.

**In order to supervise a Trainee Dispensing Optician for the ABDO PQP 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 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 qualified registration for at least the last two years with the General Optical Council or CORU, as indicated on the public GOC registers, or as evidenced by a copy of a CORU letter of professional standing additionally attached.
- ☐ 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 ABDO 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: \_\_\_\_\_

## Pre-Qualification Experience for Trainee Dispensing Opticians



**All tick boxes are expected to be ticked, as agreement with the statements is a requirement for you to work towards your ABDO PQP.**

**The General Optical Council requested us to introduce tick box statements for our ABDO PQP registration forms.**

**If you are unsure and need to discuss any of the statements, please contact us in the office on 01227 732 921 before signing your declaration.**

### 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)