

Pre-Qualification Experience for Trainee Dispensing Opticians

Specialist Clinic Supervisor (2015 syllabus)



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.**

ABDO will confirm in writing once the details have been verified and accepted and once granted, approval will remain in place for a specified period of up to a maximum of three months.

Details Valid From _____ (please insert date) **For** _____ (e.g. one day, three months)

Trainee Details	
Full legal name including preferred title:	
ABDO Membership number:	
GOC Student Registration number:	

Specialist Clinic Practice Details	
Practice Name:	
Practice Address:	
Practice Telephone number:	

Supervisor at Specialist Clinic Details (please note that this can be one of your current regular supervisors)	
Full legal name including preferred title:	
Professional Registration number:	
Optical Qualifications:	
Email address (needs to be personal not generic)	
ABDO member number (write N/A if not)	

Clinic Speciality (as per ABDO PQP guide)	
<input type="checkbox"/>	Pediatrics (1-8)
<input type="checkbox"/>	Referral (35-36)
<input type="checkbox"/>	Low Vision (45-49)
<input type="checkbox"/>	Other (please specify ABDO PQP case record category) _____

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

The GOC 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 Specialist Clinic Supervisor

In order to supervise a Trainee Dispensing Optician for their ABDO PQP you are required to confirm by ticking and signing the following:

- ☐ I have seen, read and understood the relevant case record category information in the separate supervisor version of the PQP guide.
- ☐ I declare that I am a qualified Dispensing Optician or Optometrist and have held continuous qualified registration for at least two years with the General Optical Council or CORU.
- ☐ 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 overleaf with this trainee for the specified period on page 1 of this form 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 for the speciality as specified overleaf. I have also made arrangements with the trainee regarding how the completed PQP case records from this experience will be presented to me for checking and physical signing before then being returned to the trainee so that they can be used towards their ABDO PQP portfolio.

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.

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.
- ☐ I understand that during the Pre-Qualifying Period I must personally notify ABDO's Examinations and Registration Department 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)