

APPLICATION for APPROVAL of SUPPORTING SUPERVISOR and/or PRACTICE for CONTACT LENS TRAINING



PRIMARY SUPERVISOR MUST COMPLETE THIS SECTION	<ul style="list-style-type: none"> I have discussed the role with the clinician applying for Supporting supervisor. registration and they agree to support the TCLO in their personal clinical experience.
	Signature
	Date
	SURNAME
	Qualifications

SUPPORTING SUPERVISOR APPLICATION	
Name of Trainee
ABDO Membership no GOC Reg No.....
Alternative contact number
Name of Supervisor
Supervisor's qualifications
Supervisor's GOC Reg No

SUPPORTING PRACTICE APPLICATION (IF APPLICABLE)	
Name and Address of Practice Postcode..... Tel:.....

IMPORTANT NOTES	<ul style="list-style-type: none"> IF the SUPPORTING SUPERVISOR changes, TCLOs are responsible for the completion and submission of ANOTHER FORM.
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For administrative use only	
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Please send the completed form to: ABDO Examinations Dept, Unit 1 Court Lodge Offices, Godmersham Park, Godmersham, Canterbury, Kent, CT4 7DT.

SUPPORTING SUPERVISOR DECLARATION

In signing this undertaking, the supporting supervisor confirms the following –

1. Current full registration with the General Optical Council of more than 2 continuous years and eligibility to fit contact lenses.
2. Provision of 'continuous personal supervision' [see note 1 below] for the trainee at all times when engaged in contact lens fitting and aftercare. Such supervision is required by the General Optical Council and by the Association.
3. The supporting supervisor will accept full responsibility for the trainee's actions during their period of supervision and must liaise with the primary supervisor on the progress of the TCLO.
4. The trainee will be given –
 - a. support to gain the required minimum 224 hours contact lens practical experience prior to the practical examination.
 - b. practical experience in all areas of contact lens fitting and aftercare
 - c. access to a full range of contact lens types, and under supervision, to those drugs and solutions normally used in contact lens fitting.
 - d. opportunity to attend appropriate tutorial and revision courses.
5. The supervisor will take an active interest in helping the contact lens trainee prepare for examinations by -
 - a. ensuring that the trainee is familiar with the syllabus and covers every aspect of it during the training period.
 - b. observing the trainee, from time to time, carrying out complete contact lens fittings and aftercare examinations, commenting on any inappropriate procedures observed.
 - c. discussing every case that the trainee sees and providing guidance in the management of the case.

I declare I have read the above requirements and that I and the practice are able to conform to the requirements.

Signed.....

Supporting Supervisor Name {block capitals}

Supporting Supervisor GOC Registration No..... Date.....

Note 1 – 'Continuous personal supervision' is defined as the presence of the supervisor on the premises, whilst the person training as a contact lens optician is attending any patient so that the supervisor is able to ensure that no untoward consequences to the detriment of the patient can arise from the actions of such a person.

APPROVAL PROCESS

Provisional approval will be given on the signing of the above undertaking that the requirements set out can be and will be met. Written confirmation of approval will follow and is given ONLY for supporting supervision of the stated Trainee for 33% of their clinical experience time for the period up to their achievement of the ABDO Certificate in Contact Lens Practice.

Refusal or withdrawal of approval may occur should it appears to the Association that the criteria for approval are not being met in the case of any supervisor: it may withdraw approval, either provisional or full, at any time. In the event of any questions arising as to the interpretation or observance of the requirements, the decision of the Association shall be final.