

# ABDO Practice Visit Application Form

2015 Syllabus

Trainee Details			
<b>Full name:</b> (*Delete as appropriate)	<b>*Mr/Mrs/Miss/Ms/Other:</b>		
<b>ABDO membership number:</b>		<b>GOC Student number:</b>	
<b>Mobile No:</b>		<b>Email address:</b>	

Principal Supervisor Details	
<b>Full Name:</b> (*Delete as appropriate)	<b>*Mr/Mrs/Miss/Ms/Other:</b>
<b>GOC/CORU Registration number:</b>	

Principal Practice Details	
<b>Practice Name:</b>	
<b>Full Address:</b>	
<b>Postcode:</b>	
<b>Telephone number:</b>	



## Trainee Declaration:

This form is to confirm when you are ready for your practice visit to take place. It is recommended you apply towards the end of your second year of study to ensure you have covered certain areas of the 2015 syllabus.

(please tick each statement and sign/date below)

☐ I understand that my practice visit must be completed prior to my sitting Unit 12 FQE practical. In the event that my practice visit has not been successfully completed, I understand that I will be not be able to qualify until this has been rectified.

☐ I confirm that I have completed a minimum of 10 PQP case records and am prepared for an ABDO representative to check that these can be evidenced against the original patient records held at my practice/s and they contain the corresponding signed data protection forms

☐ I agree to organise a date with the practice visitor on a clinic day and confirm that time will be allocated for the visitor to talk to me, my principal supervisor and also to observe myself in communication with patients.

☐ I confirm that I am able to demonstrate each of the following competencies:

1.1.3 Identifies and responds appropriately to patients' fears, anxieties and concerns about their visual welfare.	2.1.3 Shows respect for all patients
1.2.1 Understands the patient's expectations and aspirations and manages situations where these cannot be met.	2.2.1 is able to manage all patients including those who have additional clinical or social needs
1.2.2 Communicates with patients who have poor or non-verbal communication skills or those who are confused, reticent or who might mislead.	2.2.2 Is able to work within a multi-disciplinary team
1.2.3 Discusses with the patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.	2.2.3 Is able to work within the law and within the codes and guidelines set by the regulator and the profession.
1.2.5 Communicates effectively with any other appropriate person involved in the care of the patient	9.1.1 Directs communication to the child in appropriate language and manner
2.1.1 Adheres to Health and Safety policies in the practice including the ability to implement appropriate measures for infection control	9.1.2 Discusses with the carer as appropriate the factors influencing dispensing
2.1.2 Maintains confidentiality in all aspects of patient care	

☐ I understand the initial practice visit cost is included in my FQE fee, should I not be successful, ABDO will arrange a return visit to the practice at a re-sit cost of £200.

**Trainee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Principal Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return completed form to

Mrs Sheila Taylor,

ABDO Examinations and Registration Department, Unit 1, Court Lodge Offices, Godmersham Park, Godmersham,

Canterbury, Kent, CT4 7D