

# Diploma in Contact Lens Practice (2024 Syllabus)



## Initial Declaration

### Practice Education Lead (PEL) and Main Practice Registration

Please provide all requested information, any omissions may result in rejection of the form. All declaration boxes must be ticked, signed, and dated to confirm your understanding of the responsibilities you are undertaking. Please email the completed form to [examinations@abdo.org.uk](mailto:examinations@abdo.org.uk) or alternatively post the form to: ABDO Examinations & Registration Department, Unit 1 Court Lodge Offices, Godmersham Park, Godmersham, Canterbury, Kent, CT4 7DT.

Do not start the ABDO Diploma in Contact Lens Practice portfolio until the Date of Commencement is issued after submission of this form.

Trainee Details	
Full legal name including preferred title:	
ABDO Membership number:	
GOC Registration number:	
Date of GOC Registration as showing on public record:	
Name of training Institute where you are studying:	
Alternative Contact Number	

Practice Education Lead (PEL) Details	
Full legal name including preferred title:	
GOC Registration number:	
Qualifications:	
Date of GOC Registration as showing on public record:	
Email address (needs to be personal not generic)	
ABDO member number (write N/A if not)	

Main Practice Details	
Practice trading name	
Full postal address including postcode	
Telephone number:	
Date current supervision began:	

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All declaration boxes must be checked, as agreement with the statements is a requirement to supervise for the ABDO Diploma in Contact Lens Practice portfolio, confirmation of each declaration is a requirement by ABDO and the GOC

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

## Undertaking by Practice Education Lead (PEL)

In order to supervise a Trainee Contact Lens Optician for the ABDO Diploma in Contact Lens Practice you are required to confirm each declaration, signing that: -

- I have read and acknowledge my responsibilities as stated within the Diploma in Contact Lens Practice Guidance for supervisors (2024 syllabus). I have also viewed the relevant 2024 Contact Lens syllabus.
- I declare that all the items listed as compulsory equipment are available to the trainee in the named main practice.
- I confirm that I work at the named main practice with this trainee on a regular basis and this address is viewable on my record on the public GOC register.
- I declare that I am a qualified Contact Lens Optician or Optometrist and have held continuous qualified registration for the last two years with the General Optical Council.
- I have considered my work and supervisory commitments and can provide the supervision required for the ABDO Contact Lens Portfolio, holding overall responsibility for monitoring the ongoing progress and the suitability of all supervisory arrangements of the named trainee.
- I have previous experience in supervision and/or have evidence of undertaking supervisor training or would consider undertaking supervisor training such as ABDO CPD accredited course or equivalent (e.g. College of Optometrists).
- I understand that all records undertaken under my supervision are subject to verification by an ABDO Examiner.
- Any supervisor nominating themselves as a PEL or Practice Task Supervisor (PTS) agrees for their name, GOC number and PTS registration dates to be recorded on a list of registered PTSs for the practice they register at, which may be shared with any staff member working at that practice.
- I agree to work with ABDO to provide details of any suitably qualified registered professionals who may be supervising the trainee as a Practice Task Supervisor in the main and associated practices.

In signing this undertaking, the PEL commits themselves to providing continuous personal supervision for the trainee, when the trainee is engaged in patient encounters. Such supervision is a requirement of the General Optical Council, and this is a legal undertaking.

Please be aware that the signature below will be used for verification purposes, so that will need to be identifiable on the records that you will be signing in the trainee's portfolio and final declaration.

Practice Education Lead Full Name: \_\_\_\_\_

Practice Education Lead Signature: \_\_\_\_\_

Date this undertaking has been signed: \_\_\_\_\_

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## Undertaking by Trainee

In order to work on your ABDO Diploma in Contact Lens Practice you are required to confirm each declaration, signing that: -

- I have, read and acknowledge my responsibilities as stated within the Diploma in Contact Lens Practice Guidance for students (2024 syllabus). I have also viewed the relevant 2024 Contact Lens syllabus.
- I declare that I am a current member of the ABDO and will maintain my membership for the duration of my studies and practice placement (renews yearly).
- I declare that I am registered as a current dispensing optician with the General Optical Council, and I will maintain my registration for the duration of my studies and practice placement (renews yearly).
- I confirm that I work at the named main practice with the Practice Education Lead supervisor and this address is viewable on my record in the public GOC register.
- I understand that during my training Period I must personally notify ABDO Examinations and Registration Department, of any changes to my Practice Education Lead supervisor and/or main practice.

In signing this undertaking trainees commit themselves to meeting the requirements of Contact Lens training and meeting all conditions relating to the Diploma in Contact Lens Practice and examination entry, including deadlines and that failure to do so may affect my eligibility to sit examinations and qualify as FBDO CL Contact Lens optician.

Under the terms of the Data Protection Act 2018 we are obliged to advise you that the personal information you provide to us and the results of any examinations 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 the PEL or PTS that is/are linked to the practice(s) relative to you completing your ABDO PQP if required.

Trainee Full Name: \_\_\_\_\_

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

Date this undertaking has been signed: \_\_\_\_\_