

Pre-Qualification Experience for Trainee Dispensing Opticians



Practice Task Supervisor (PTS) Registration (2023 syllabus)

Practice Education Lead (PEL) are responsible for the nomination of any PTSs. All requested information needs to be provided, as any omissions may result in rejection of the form. All declarations within the undertaking must be agreed to by each nominated PTS. If any PTS needs to discuss any of the statements, please contact the examinations department on 01227 732 921 before adding your signature to this declaration. Once completed, the Practice Education Lead (PEL) supervisor should scan and email it to examinations@abdo.org.uk. The form will only be considered if received from an email address recognised as being from a PEL supervisor.

Practice Details:	
Practice Trading Name and Full postal address including postcode:	
Telephone number:	
ABDO practice reference number: (write unknown if not known)	

Undertaking by Practice Task Supervisor (PTS)

In order to supervise for the 2023 Syllabus ABDO PQP in the PTS role you are required to confirm by signing that: -

I have read and acknowledge my responsibilities as stated within the ABDO PQP PEL PTS Guide which is located on the ABDO website (www.abdo.org.uk).

I confirm that I work at the above-named practice on a regular basis.

I declare that I am a qualified optical professional and I am registered with an appropriate professional organisation.

I will need to provide evidence of, or commit to undertaking supervisor training such as ABDO CPD accredited supervisor's 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 being nominated as a PTS agrees for their name, GOC number and PTS registration dates to be recorded on a list of PTSs for the practice they register at, which may be shared with any staff member working at that practice.

In signing this undertaking, each PTS commits themselves to providing continuous personal supervision for the learner, when the learner 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 each signature provided will be used for verification purposes, so that will need to be identifiable on the records that you will be signing in the learner's PQP portfolio. Only individual physical signatures can be considered when signing ABDO PQP records.

Pre-Qualification Experience for Trainee Dispensing Opticians



Practice Task Supervisor (PTS) Details:	
Full legal name including preferred title:	
GOC (or other) Professional Registration number: (Please state organisation if not the GOC):	
Qualifications:	
Email address (needs to be unique to the individual):	
ABDO member number (write N/A if not):	
I confirm I have read and agree to all the statements which are required for PTS supervision on page 1 of this document:	
Nominated PTS signature: _____ <div style="text-align: right;">Date: _____</div>	

Practice Task Supervisor (PTS) Details:	
Full legal name including preferred title:	
GOC (or other) Professional Registration number: (Please state organisation if not the GOC):	
Qualifications:	
Email address (needs to be unique to the individual):	
ABDO member number (write N/A if not):	
I confirm I have read and agree to all the statements which are required for PTS supervision on page 1 of this document:	
Nominated PTS signature: _____ <div style="text-align: right;">Date: _____</div>	

Practice Task Supervisor (PTS) Details:	
Full legal name including preferred title:	
GOC (or other) Professional Registration number: (Please state organisation if not the GOC):	
Qualifications:	
Email address (needs to be unique to the individual):	
ABDO member number (write N/A if not):	
I confirm I have read and agree to all the statements which are required for PTS supervision on page 1 of this document:	
Nominated PTS signature: _____ <div style="text-align: right;">Date: _____</div>	