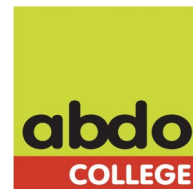


# Application for BSc (Hons) in Ophthalmic Dispensing



Please read the details carefully, fill in all sections and submit any documents as required. Failure to do so will delay your application and you may lose your place on the course.

## Section One - Personal Information

Surname	Forename(s) no abbreviations or nicknames please	Title (Mr, Mrs, Miss)
Date of birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
National Insurance number		
ABDO membership number		
GOC registration number		
Entry qualifications (please tick)	<input type="checkbox"/> Completed & Passed Foundation Degree in Ophthalmic Dispensing <input type="checkbox"/> Passed PQE Theory Examination	

## Section Two - Correspondence Addresses

### Practice name

**Address** - All dispensing students' assignments are sent to this address.

	postcode
tel	fax
email	

### Home Address

	postcode
tel	fax
email	

I give ABDO College permission to release my name, practice address and telephone number to fellow students:  
Yes  No

Personal data relating to all students undertaking the BSc (Hons) course will be shared by ABDO College and Canterbury Christ Church University for the purpose of administering the course. Data will also be passed to external bodies as required: principally the Higher Education Statistical Agency.

## Section Three - Employer Agreement & Personal Statement

### Employer Agreement

On behalf of (employer name) \_\_\_\_\_ I hereby sign to confirm that I am aware of the work based nature of this BSc (Hons) Degree in Ophthalmic Dispensing and that I will support the student in the completion of all required work based tasks.

Signature	Registration no
Position/Job title	
tel	fax
email	

**Section Four - Payment of Tuition Fees**

**Student Finance Agreement**

Tick box to indicate that you will be funding the course with Government Student Finance.

**Head Office Address**  or, if different, **Invoicing Address**  (tick as appropriate)

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		postcode
tel	fax	email

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or by **Debit/Credit Card Payment - using the separate A5 payment form**

**Section Five - Supervisor Details**

Supervisor name	GOC number
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Supervisor email

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**Section Six - Special Requirements**

If you have any special requirements, please indicate below:

- |  |   |
|--|---|
| <input type="checkbox"/> Wheelchair user/mobility difficulties   | <input type="checkbox"/> Personal care support                          |
| <input type="checkbox"/> Autistic spectrum disorder  | <input type="checkbox"/> Unseen illness (eg.diabetes, epilepsy, asthma) |
| <input type="checkbox"/> Multiple disabilities   | <input type="checkbox"/> A disability not listed here                   |
| <input type="checkbox"/> A specific learning difficulty, eg. dyslexia  | <input type="checkbox"/> Deaf/hearing impediment                        |
| <input type="checkbox"/> I prefer not to give this information   | <input type="checkbox"/> Blind/partially sighted                        |
| <input type="checkbox"/> Mental health difficulties  |   |
| <input type="checkbox"/> Please tick if you are happy for the Courses Team to share this information with other relevant departments in the College. |   |

**Declaration**

I have read and understood the information contained both on this application form and on the accompanying notes and declare that all the information I have given is correct.

I understand that I must be employed as a trainee dispensing optician for a minimum of 30 hours per week for the duration of my studies, under the continuous supervision of a registered Dispensing Optician, Optometrist or Ophthalmic Medical Practitioner. I agree to advise the Courses Team at ABDO College immediately if any of my employment/ supervisor details change.

I understand that I must retain my student membership with the General Optical Council and with the Association of British Dispensing Opticians for the duration of the course.

I understand that it is my responsibility to ensure all work is completed on time and sent to my tutor. It is also my responsibility to arrange the payment of my course fees.

I hereby sign in agreement to the above contract.

Signature	Date
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**Completed form should be returned to:  
ABDO College Operational Services, Godmersham Park, Godmersham, Canterbury, Kent, CT4 7DT no later than 29 July 2016. Applications received after this date will incur a late entry fee of £100.00.**