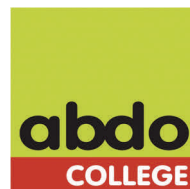


# Notification of Change of Address



Course: Dip Yr 1   Dip Yr 2   Dip Yr 3   FD Yr 1   FD Yr 2   BSc   CLC   Access   LV Hons (please circle)	
Name:	
Membership no:	
New practice address:	
Postcode:	
Email address:	
Tel no:	
Fax:	

It is ABDO College policy to issue all correspondence to your practice address; please state your full postal address if you move to a new branch or practice.

New home address:	
Postcode:	
Email address:	
Tel:	
Mobile:	

Please note, this form is for notification to ABDO College only.

You must also ensure that you notify the General Optical Council (not Access students) and the Association of British Dispensing Opticians of any changes in your practice address.

For office use only. GOC checked: ..... Date changed: ..... Changed by: .....
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