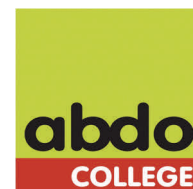


Notification of Change of Supervisor



Course: Dip Yr 1	Dip Yr 2	Dip Yr 3	FD Yr 1	FD Yr 2	BSc	(please circle)
Name:						
Membership no:						
GOC no:						
Practice address:						
Postcode:						
Email address:						
Tel:						
Fax:						

New Supervisor

I confirm I have a minimum of two years continuous registration with the GOC and that I have a maximum of two trainee Dispensing Opticians. I also confirm I am aware of and able to meet the requirements as specified in Part A of the ABDO Pre-Qualification Portfolio. I also confirm that I have read, understand and will comply with the requirements under Section 1.7 of the ABDO Advice & Guidelines.

Supervisor full name:	
ABDO membership no:	
GOC registration no:	
Optical qualifications:	
Registered practice address:	
Postcode:	
Email address:	
Tel:	
Fax:	

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

You must also ensure that you notify the Association of British Dispensing Opticians and the General Optical Council of any changes in your practice address or supervision.

Please make sure you have completed and signed the Professional Indemnity Provider information overleaf.

Name of Professional Indemnity Insurance provider:

Policy number:

I confirm that:

- The person named overleaf is working as a trainee Dispensing Optician with me in Practice and under my personal supervision, for a minimum of 30 hours per week.
- I am a registered Dispensing Optician, Contact Lens Optician, Optometrist or Ophthalmic Medical Practitioner.
- I have been registered with the General Optical Council for a minimum of two year without interruption immediately prior to the start of supervision.
- I am aware that I may only have two trainee Dispensing Opticians under my supervision at any one time and that I must be in Practice with my trainee/s at all times.
- The student will be covered under the Professional Indemnity Insurance Policy as detailed above.
- I have read, understand and agree to abide by the supervision rules as set out in the ABDO Advice & Guidelines section 1.7.
- I agree review all assignments before they are submitted for marking and when they are returned marked.

Supervisor signature:

Date: