

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

### Section One – Personal Information

<b>Surname</b>	<b>Forename(s)</b> no abbreviations or nicknames please	<b>Title</b> (Mr, Miss, Mrs)
Age at course start date		Date of birth
National Insurance number		Gender M <input type="checkbox"/> F <input type="checkbox"/>
ABDO membership number		
GOC registration number		
Optical qualifications		

### Section Two – Correspondence Addresses

**Practice name** \_\_\_\_\_

**Address** All dispensing student's assignments are sent to this address

\_\_\_\_\_ postcode \_\_\_\_\_  
tel \_\_\_\_\_ fax \_\_\_\_\_ email \_\_\_\_\_

#### Home address

\_\_\_\_\_ postcode \_\_\_\_\_  
tel \_\_\_\_\_ fax \_\_\_\_\_ email \_\_\_\_\_  
mobile \_\_\_\_\_

I give ABDO College permission to release my name, practice address, telephone number and email address to other regulatory bodies or to fellow students. YES  NO

### Section Three – Employer Agreement & Personal Statement

#### Employment Agreement

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

Signature \_\_\_\_\_ Registration number \_\_\_\_\_

Position/Job Title \_\_\_\_\_

tel \_\_\_\_\_ fax \_\_\_\_\_ email \_\_\_\_\_



**Section Four – Qualifications**

Date Gained	Subject	Grade

**Evidence of Qualifications**

Tick box to confirm that you have attached **ALL** the necessary **copies** of your academic qualifications.

**Section Five – Employment History (Optics)**

Dates of Employment	Job Title	Employment Name & Address

**Section Six – Current Employer**

**Employer Head Office Address** (if different from practice address)

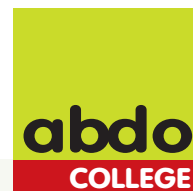
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

tel \_\_\_\_\_ fax \_\_\_\_\_ postcode \_\_\_\_\_

\_\_\_\_\_ email \_\_\_\_\_



**Section Seven – Payment of Tuition Fees**

**Student Finance Agreement**

Tick box to indicate that you will be funding the course with Government Student Finance and will provide evidence prior to the course start date.

**Invoicing Address**

\_\_\_\_\_  
\_\_\_\_\_  
tel \_\_\_\_\_ fax \_\_\_\_\_ email \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ postcode \_\_\_\_\_

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

**Section Eight – Supervisor Details**

Supervisor name \_\_\_\_\_ GOC number \_\_\_\_\_

Supervisor email address \_\_\_\_\_

**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. Evidence of my qualifications or a letter confirming five years optical experience is enclosed. Failure to do so will render my application invalid.

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 details change.

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 \_\_\_\_\_

**Completed form should be returned to:**

**ABDO College Operational Services, Godmersham Park, Godmersham, Canterbury, Kent, CT4 7DT by the application deadline. Applications received after this date will incur a late entry fee of £100.00.**