

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

Surname	Forename(s) no abbreviations or nicknames pleas	Title (Mr, Miss, Mrs)
Age at course start date		Date of birth
National Insurance number		Gender M F
ABDO membership number		
GOC registration number		
Optical qualifications		
Section Two – Correspondence Address All dispensing student	Addresses s assignments are sent to this address	
Audiess All dispersing stodents	dusignments are sem to mis address	
		postcode
tel	fax	email
Home address		
		postcode
tel	fax	email
mobile		
I give ABDO College permission bodies or to fellow students. YE		elephone number and email address to other regulatory
Section Three – Employer Agree	ment & Personal Statement	
<b>Employment Agreement</b>		
On behalf of (employer name) workbased nature of this Found all required work based tasks.	ation Degree in Ophthalmic Dispensing (	I hereby sign to confirm that I am aware of the and that I will support the student in the completion of
Signature		Registration number
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 and will provide evidence prior to the course start date. **Invoicing Address** postcode tel fax email or by Debit/Credit Card Payment Please debit my account for the total amount of $\pounds$ as follows Card Number My Card is ACCESS / VISA / MASTERCARD / SWITCH (Issue No: Start Date Expiry Date Security Code (last 3 digits on reverse of card) House number of card holder Postcode of card holder Name (as on card) Signature of card holder GOC number Supervisor name 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. 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.