

Supervisor Details & Declaration

I confirm that:

- I will provide continuous supervision for my trainee, in compliance with the regulations and they will receive a minimum of one day contact lens fitting experience per week, for the full duration of the course.
- I am aware that I must be on the premises during practical experience sessions and will ensure that when lenses are being fitted, I will be available to intervene in the procedure, as applicable.
- I will provide ongoing support, encouragement and guidance to my trainee.
- I am on the current GOC register and am either a Dispensing Optician with an approved CL qualification or GOC certification, or an Optometrist—with a minimum of two years experience without interruption, immediately prior to the start of this supervision.
- The trainee will be covered under the Professional Indemnity Insurance Policy as detailed below.
- I have read, understand and agree to abide by the supervision rules as set out in the ABDO Advice & Guidelines sections 1.7 and 3.8. Also on the ABDO College website under Training and Supervision.
- I will review all assignments before they are submitted for marking and when they are returned marked.
- I will work with my trainee to ensure completion of work based tasks as detailed in the Contact Lens Training Diary and sign when I am satisfied that they are competent in each task completed.

Supervisor name:

Supervisor's Signature:

Supervisor's registered Practice address:

Personal Confidential Email (please print clearly):

Tel:	Fax:	Email:
ABDO no:	GOC no:	Qualifications:

Name of Professional Indemnity Insurance provider:

Policy no: