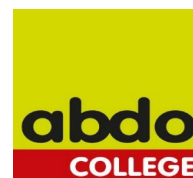


Student Name (*in full*):

I confirm that:

- I will provide continuous supervision for my trainee, in compliance with the regulations and ensure that they will receive a minimum of one day in contact lens related clinical practice per week, until they become qualified and registered with the GOC on the specialty register.
- I am aware that I must follow all GOC regulatory policies and ABDO guidance policies regarding the supervision of my trainee.
- I will provide ongoing support, encouragement, and guidance, ensuring I am continuously observing, teaching, and appraising my trainee.
- I will ensure effective supervision to ensure that patient-facing learning experiences are safe for both patients and learners, experiential learning; experiential learning is successful in reinforcing appropriate behaviours and skills; efficient learning is maximised through reflective practice; the learner is able to progress to undertaking tasks of increasing complexity and risk; and that the learner can transition successfully to independent practice.
- I have a scope of practice that encompasses my learner's needs.
- I am on the current GOC register and am either a Dispensing Optician with an approved CL qualification, or an Optometrist.
- I have two years continuous GOC registration immediately prior to the start of this supervision.
- The trainee will be covered under the Professional Indemnity Insurance Policy as detailed below.
- I will read all ABDO College guidance documents provided at the outset of the programme, and contact the Programme Lead if I need to clarify my understanding in any areas.
- I will review all assignments before they are submitted to ensure they are completed to the required standard.
- I will work with my trainee to meet the core aims of the Practical Training Timetable (PTT), address the GOC's Learning Outcomes for registrants, and ensure all PTT tasks are completed in line with the provided timetable.
- I will work in partnership with my trainee to register myself as PEL and the Practice with the ABDO Examinations & Registration following the official start of the programme (*details will be provided by ABDO College and the ABDO regarding how this is undertaken*).
- I will ensure that any Practice Tasks Supervisor (PTS) supervising and providing support to my trainee in their contact lens related clinical practice is aware of the ABDO College, ABDO, and GOC guidelines relating to supervision and the qualification delivery.

Diploma in Contact Lens Practice
Practice Educational Lead (PEL) Details & Declaration



Student GOC Number:	Student ABDO number:
PEL name:	PEL Signature:
PEL registered practice address:	
PEL Tel:	
PEL Email (print clearly):	
PEL ABDO no (if applicable):	PEL GOC no:
PEL Qualifications:	
Name of Professional Indemnity Insurance provider:	
Policy no:	