

# Application for Foundation Degree in Ophthalmic Dispensing: **Year 2**

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.

**Please ensure that you have re-registered with Canterbury Christ Church University for Year 2.**

## 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 students' correspondence will be sent to this address

\_\_\_\_\_ postcode \_\_\_\_\_  
tel \_\_\_\_\_ fax \_\_\_\_\_ email (please print clearly) \_\_\_\_\_

### Home address

\_\_\_\_\_ postcode \_\_\_\_\_  
tel \_\_\_\_\_ email (please print clearly) \_\_\_\_\_  
mobile \_\_\_\_\_

## Section Three – Employer Agreement & Personal Statement

### Employment Agreement

On behalf of (employer name)  
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.

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 – 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.

or by **Invoicing Address** (complete below)

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

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

**Supervisor details & Declaration**

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 years without interruption immediately prior to the start of this 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 below

I have read, understood and agree to abide by the supervision rules as set out in the ABDO Advice & Guidelines section 1.7. (This can be found on the ABDO website)

I confirm that I will read the Supervisor Information before the course commences (found on the ABDO College website)

I will review all assignments before they are submitted for marking and when they are returned marked.

I confirm that the person named is working as a trainee Dispensing Optician with me in practice and under my personal supervision, for a minimum of 30 hours per week

Supervisor name: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's registered practice address: \_\_\_\_\_

Supervisor's Confidential Email (please print clearly): \_\_\_\_\_

Tel: \_\_\_\_\_

ABDO number: \_\_\_\_\_ GOC number: \_\_\_\_\_ Qualifications: \_\_\_\_\_

Name of Professional Indemnity Insurance provider: \_\_\_\_\_

Policy number: \_\_\_\_\_

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### Special Requirements

If you have any special requirements, please indicate below:

- |  |  |
|--|--|
| <input type="checkbox"/> Wheelchair user/mobility difficulties   | <input type="checkbox"/> Personal care support   |
| <input type="checkbox"/> A specific learning difficulty - <b>Please state</b> eg. Dyslexia   | <input type="checkbox"/> Unseen illness - <b>Please state</b> eg. diabetes, epilepsy, asthma |
| <input type="checkbox"/> Multiple disabilities   | <input type="checkbox"/> A disability not listed here  |
| <input type="checkbox"/> Autistic spectrum disorder  | <input type="checkbox"/> Deaf/hearing impediment   |
| <input type="checkbox"/> I prefer not to give this information   | <input type="checkbox"/> Blind/partially sighted   |
| <input type="checkbox"/> Mental health difficulties  |  |
| <input type="checkbox"/> Please tick if you are happy for the Courses Team to share this information with other relevant departments in the College. |  |

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 agree to the ABDO College Privacy Policy and therefore for my details to be shared by ABDO College with ABDO Examinations, ABDO Membership Services, the General Optical Council, The Worshipful Company of Spectacle Makers and Canterbury Christ Church University for the purposes of course management.

I agree for my email address to be made available to other students and ABDO College Staff via the online learning environment for the purposes of peer network creation.

Further information on how ABDO College uses your data can be found in our Privacy Policy, available from the ABDO College website. Acceptance of the ABDO College Privacy Policy is a requirement to enter our courses. We recommend that you read this document.

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: 28/07/18. Applications received after this date will incur a late entry fee of £100.00.