Low Vision Honours January 2019
Application Form

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

Surname:	Forename (s):	Title (Mr, Mrs, Miss)
Gender: M / F	Date of birth: / /	ABDO no:
Optical qualifications:		
GOC registration no: To undertake this course you must hold full registration with the General Optical Council.		

Conditions that might require special consideration - please indicate:

Wheelchair user/mobility difficulties	☐	Personal care support	☐	Autistic spectrum disorder	☐
Unseen illness (eg. diabetes, epilepsy, asthma) Please State……..	☐	Multiple disabilities	☐	A disability not listed here	☐
A specific learning difficulty (eg. Dyslexia) Please State……..	☐	Deaf/hearing impediment	☐	I prefer not to give this information	☐
Blind/partially sighted	☐	Mental health difficulties	☐		

Practice name and address - all dispensing students' assignments are sent to this address. Overseas students must state full address (not a PO Box number) for courier delivery of assignments.		
		Postcode:
Email:	Tel:	Fax:
Home address		
		Postcode:
Email:	Tel:	Fax:
Invoice contact name and address		
		Postcode:
Email:	Tel:	Fax:

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I wish for my coursework to be sent to the address as indicated below:

Home / Practice

Student Declaration

I have read and understood the information contained both in this application form and on any accompanying notes and declare that all the information I have given is correct.

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.

Signature:

Date:

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