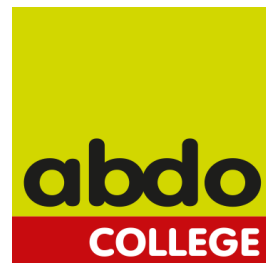


# Page 1: Primary Supervisor Information

Please complete and return to: Courses Team, ABDO  
College, Godmersham Park, Canterbury, Kent, CT4 7DT



## Primary Supervisor details & Declaration

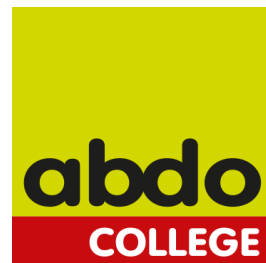
ABDO College has minimum expectations of the Supervisor role. These are detailed below. There is also plenty of information and guidance available for both current and prospective Supervisors on the ABDO College 'Supervisor Zone' which is part of the ABDO College website. We recommend that you take the time to familiarise yourself with these materials as they will provide a useful basis for your role during your student's course.

I confirm that:

- the person named is working as a trainee Dispensing Optician under supervision in practice for a minimum of 30 hours per week. These 30 (or more) hours will be comprised of time spent under the supervision of the Primary and/or Secondary supervisors.
- 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 students, on any optical program, 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 available on the ABDO College Supervisor Zone 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 am aware that my student will need my assistance in signing off learning, case records and tasks as part of their Pre-Qualification Portfolio (PQP) and Practical Training Timetable (PTT).

Student name:	Student ABDO Number:	
Student GOC number (if known):		
Supervisor name:	Supervisor's signature:	
Supervisor's registered practice address:		
Personal Confidential Email (please print clearly):		
Tel:	Fax:	
ABDO number:	GOC number:	Qualifications:
Name of Professional Indemnity Insurance provider:		
Policy number:		

# Page 2: Secondary Supervisor Information (if applicable)



## Secondary Supervisor details & Declaration

ABDO College has minimum expectations of the Supervisor role. These are detailed below. There is also plenty of information and guidance available for both current and prospective Supervisors on the ABDO College 'Supervisor Zone' which is part of the ABDO College website. We recommend that you take the time to familiarise yourself with these materials as they will provide a useful basis for your role during your student's course.

I confirm that:

- the person named is working as a trainee Dispensing Optician under supervision in practice for a minimum of 30 hours per week. These 30 (or more) hours will be comprised of time spent under the supervision of the Primary and/or Secondary supervisors.
- 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 students, on any optical program, 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 available on the ABDO College Supervisor Zone 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 am aware that my student will need my assistance in signing off learning, case records and tasks as part of their Pre-Qualification Portfolio (PQP) and Practical Training Timetable (PTT).

Student name:

Student ABDO Number:

Student GOC number (if known):

Supervisor name:

Supervisor's signature:

Supervisor's registered practice address:

Personal Confidential Email (please print clearly):

Tel:

Fax:

ABDO number:

GOC number:

Qualifications:

Name of Professional Indemnity Insurance provider:

Policy number: