



ABDO Practice Visit Application Form

2024 Syllabus

This form is to confirm when you are ready for your practice visit to take place. It is recommended you apply at least 6 months before you intend to take your Unit 4 examinations in order to ensure you have adequate experience and knowledge to complete the visit successfully.

Trainee Details			
Full name: (*Delete as appropriate)	*Mr/Mrs/Miss/Ms/Other:		
ABDO membership number:		GOC Student number:	
Mobile No.:			
Email address:			

Practice Education Lead (PEL) Details	
Full Name: (*Delete as appropriate)	*Mr/Mrs/Miss/Ms/Other:
GOC/CORU Registration number:	

Main Practice Details	
Practice Name:	
Full Address:	
Postcode:	
Telephone number:	

Please state when your personal clinical experience commenced	Day/Month/Year:
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Please indicate which days the trainee and Primary supervisor are together in the practice:						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

CL Course Training Provider	
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ABDO Diploma in Contact Lens Practice (2024 Syllabus)



LIST of LENSES and EQUIPMENT available for Contact Lens Training in practice

* Please complete the information below with the names of the manufacturers and types of the lenses used in the practice, and answer YES/NO regarding equipment etc.

Range of Contact Lenses used in practice (should include a range of materials and designs – replacement modalities where applicable – so that the trainee receives a broad experience of products)	Soft	
Range of Contact Lenses used in practice (should include a range of materials and designs, so that the trainee receives a broad experience of products)	Rigid	

Are any lenses re-used (for complex fittings e.g. Keratoconus)?	YES / NO
If YES, what decontamination arrangements are made for the lenses after use?	

Range of Contact Lens Care Products	Soft	
	RGP	

Required Equipment	
Test Chart	
Slit lamp (min magnification 25X)	
Keratometer	
Equipment required for CL fitting (stains, cotton buds, etc...)	
There should also be availability to use the following	
Burton Lamp	
Retinoscope	
Verification Equipment (radiuscope, Band Magnifier, etc..)	



Trainee Declaration:

(please tick each statement and sign/date below)

- I understand that my practice visit must be successfully completed prior to my sitting Unit 4 practical examination. In the event that my practice visit has not been successfully completed, I understand that I will not be permitted to sit this examination until this has been rectified.
- I confirm that I can show the practice visitor the required equipment. I confirm I can show the practice visitor the contact lenses and care products used in practice, and discuss the details of the lenses and care products as part of the practice visit assessment
- I agree to provide a patient to demonstrate Instructing the patient in contact lens handling (i.e., hygiene, insertion and removal, etc.) and how to wear and care for the lenses including appropriate action to take in an emergency. (Outcome for Registration O5.8)
- I agree to organise a date with the practice visitor on a clinic day and confirm that time will be allocated for the visitor to talk to me, my Practice Education Lead and also to conduct the Practice Visit Assessment (VIVA and lens handling assessment)
- I understand the initial practice visit cost is £200, should I not be successful, ABDO will arrange a return visit to the practice at a further cost of £200.

Trainee Signature: _____

Date: _____

Practice Education Lead Signature: _____

Date: _____

Please return completed form to
Linda Pogson,
ABDO Examinations and Registration Department, Unit 1 Court Lodge Offices, Godmersham Park,
Godmersham, Canterbury, Kent, CT4 7D