



# ABDO Practice Visit Application Form

2023 Syllabus

| Learner Details                            |                        |                            |  |
|--|------------------------|----------------------------|--|
| <b>Full name:</b> (*Delete as appropriate) | *Mr/Mrs/Miss/Ms/Other: |                            |  |
| <b>ABDO membership number:</b>             |                        | <b>GOC Student number:</b> |  |
| <b>Mobile No.:</b>                         |                        | <b>Email address:</b>      |  |

| Practice Education Lead Details            |                        |
|--|------------------------|
| <b>Full Name:</b> (*Delete as appropriate) | *Mr/Mrs/Miss/Ms/Other: |
| <b>GOC/CORU Registration number:</b>       |                        |

| Principal Practice Details |  |
|----------------------------|--|
| <b>Practice Name:</b>      |  |
| <b>Full Address:</b>       |  |
| <b>Postcode:</b>           |  |
|                            |  |
| <b>Telephone number:</b>   |  |

## Learner Declaration:



This form is to confirm when you are ready for your practice visit to take place. It is recommended you apply within your second year of study to ensure you have covered the appropriate areas of the 2023 syllabus.

(please tick each statement and sign/date below)

- I understand that my practice visit must be successfully completed prior to my sitting Unit 14 FQE practical. If 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 am prepared for an ABDO representative to check that my submitted case records can be evidenced against the original patient records held at my practice/s and they contain the corresponding signed data protection forms.
- 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 to observe myself in patient encounters.
- I confirm that I understand and can demonstrate each of the following GOC learning outcomes: (please refer to Dispensing Syllabus 2023 Page 61 for further details regarding outcomes)

|   |                         |   |
|---|-------------------------|---|
| 1 | Person Centred Care     | O1.1, O1.2, O1.3, O1.4, O1.5, O1.6  |
| 2 | Communication           | O2.1, O2.3  |
| 3 | Clinical Practice       | O3.5a (ii)  |
| 4 | Ethics & Standards      | O4.1, O4.2, O4.3, O4.4, O4.7, O4.8, O4.9, O4.11, O4.12, O4.14, O4.15, O4.18 |
| 5 | Risk                    | O5.1, O5.5, O5.7  |
| 6 | Leadership & Management | O6.2  |
| 7 | Lifelong Learning       | O7.3  |

- 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 re-sit cost of £200.

**Learner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Practice Education Lead Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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