



## ABDO Practice Visit Application Form

2024 Syllabus

This form is to confirm that 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.

Learner Details			
<b>Full name:</b> <i>Including preferred title</i>			
<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> <i>Including preferred title</i>	
<b>GOC/CORU Registration number:</b>	

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

<b>Please state when your personal clinical experience commenced</b>	Day/Month/Year: .....
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Please indicate which days the trainee and Practice Education Lead 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

<b>CL Course Training Provider:</b>	
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# ABDO Diploma in Contact Lens Practice (2024 Syllabus)



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	
	Rigid	

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..)	

## Learner Declaration:



This form is to confirm that 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 2024 syllabus.

*(please tick each statement and sign/date below)*

- I understand that my practice visit must be successfully completed prior to my sitting the 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 fee for a practice visit is £200 which is payable with this application. Payment is by card only. ABDO does not accept BACS payments or payments by invoice for practice visits. To pay by card please call the ABDO Examinations Team on 01227 732921.
- I understand that should my practice visit not be successfully completed, ABDO will arrange a return visit to the practice at a further cost to me of £200.

**Trainee Signature:** \_\_\_\_\_

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

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

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

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

Or

Email the completed form as a PDF file (no photos accepted) to [examinations@abdo.org.uk](mailto:examinations@abdo.org.uk)