



ABDO Practice Visit Application Form

2023 Syllabus

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

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

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



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:

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. **NOT APPLICABLE FOR LEARNERS WHO ARE FOLLOWING THE APPRENTICESHIP PATHWAY**

Learner Signature: _____ **Date:** _____

PEL Signature: _____ **Date:** _____

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



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Practice Visit Payment Form

**NOT APPLICABLE FOR LEARNERS WHO ARE FOLLOWING THE APPRENTICESHIP
PATHWAY**

Learner Full name: (*Delete as appropriate)	*Mr/Mrs/Miss/Ms/Other:	
ABDO membership number:		

Credit/Debit Card Payment Details		
All sections marked * need to be completed for the payment (£200) to be taken		
Please note we do not accept AMEX/Electron cards		
Please debit £ 200.00 from the following account:		
Card Number*	<input type="text"/>	<input type="text"/>
Security Number*	<input type="text"/> (last three digits on card back)	Expiry Date* <input type="text"/> / <input type="text"/>
Name:*	_____	
	As Written on card	
Signed*	_____	
	Cardholder's Signature	
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Note: If any of the above details are not completed and/or a transaction is declined, this request will not be processed.		

BACs payment

Please quote your ABDO membership number followed by the word EXAMS PV when making payment and attach a copy of the payment confirmation. **To proceed with your application you must include confirmation of payment. BACs payment details:**

Account Name: ABDO
Bank: Barclays
Account No: 00972967
Sort Code: 20-03-79