

## Supplementary admissions form: Independent Prescribing for Optometrists

This form enables us to make sure that all General Optical criteria are being met. It is therefore essential that all sections of the form are fully completed, and the relevant signatures obtained.

**PLEASE NOTE:** We are not able to accept your application form without this supplementary admission form.

**Course applied for** (please tick)

- Independent Prescribing 1: Core Knowledge for Independent Prescribing
- Independent Prescribing 2: Management and Prescribing for Independent Prescribing
- Both

### Section 1 - Applicant contact details

Name

Address (Home)

Address (Practice)

Email

Mobile number

Please list any other prescribing courses studied (include those started but not completed)

Signature

Date

## Section 2 - Supporting Documentation Checklist

Copies of the following documents must be provided with your application. Please note originals of these documents must be provided at registration:

- A copy of your passport
- Proof of GOC registration as a registered optometrist
- Copy of your certificate first degree in Optometry
- Copy of your most recent degree
- Proof of registration with the College of Optometrists
- Two references, one of whom must be from a registered optometrist

## Section 3 - Mentor

Please provide details of a possible ophthalmologist who may mentor you on placement:

## Section 4 – Additional Information

Do you currently supervise a University of Hertfordshire Student? If so, please give the name of the student below:

## **Section 5 – Intended area of practice**

Please provide details of your intended area of practice i.e. primary care and/or glaucoma:

## **Section 6 – Evidence of knowledge and experience**

Please provide evidence of your knowledge and experience in your intended area of practice:

## Section 7 – Evidence of prior experience

Please provide evidence of any prior experience in diagnosing and managing eye conditions:



Please return this form to Colin Davidson, Programme Lead: [c.davidson2@herts.ac.uk](mailto:c.davidson2@herts.ac.uk)

## Section 8– Confirmation

**For completion by Programme Tutor:**

I confirm the following:

Required clinical experience

Qualifications

GOC Registration

Satisfactory Reference

Confirm place

Yes

No

Signed

Date