

General Optical Council
Application for entry of a speciality

Section 1 – Application

First name(s)

Surname

Title

GOC number

Please indicate which specialty you wish to be entered against your name:

Dispensing optician

Contact lens specialty

Optometrist

Additional supply specialty

Supplementary prescribing specialty

Section 2 – Specialty qualification

Educational establishment

Qualification

Date passed

Diploma or certificate issued

Section 3 – Proof of qualification

I enclose a copy of my qualification certificate

OR

My examining body has provided certification below

Official stamp.

Section 4 – Certification (to be completed by the examining body)

I certify that the applicant has satisfied the requirements of this examining body and is competent to perform the work or activities relating to the above specialty.

Name of person certifying

Position of person certifying

Examining body (College of Optometrists/Association of British Dispensing Opticians*)

Signed

Date

*please delete as appropriate
