Discontinuation Form

Notification of qualification closure

DCN-FRM v1

**Introduction**

This form should be completed by any provider (PRV) or awarding organisation (AO) of an **existing** GOC approved qualification in:

* Optometry and Dispensing Optics;
* Additional Supply, Supplementary Prescribing and/or Independent Prescribing, and;
* Contact Lens.

A provider / AO should use this form to notify the GOC when its qualification is being withdrawn, discontinued, suspended, closed or merged\*

\*For ease, this form will refer to all these situations as *closure*.

Please refer to *Discontinuation Form – Completion guidance (*DCN-FRM/CG) for [guidance](https://optical.org/etr/) of how to complete this form.

**Section one** – Provider / Awarding Organisation details

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| **1.1 Provider / Awarding Organisation** **Name:** | |
|  | |
| **1.2 Address:**  *Correspondence address* |  |

|  |  |
| --- | --- |
| **1.3 Name of first point of contact (including professional title):** | |
|  | |
| **1.4 Job title:** | |
|  | |
| **1.5 Email address:** | |
|  | |
| **1.6 Telephone/mobile:** |  |
| **1.7 Address** *(if different from above)***:** |  |

|  |  |
| --- | --- |
| **1.8 Additional contacts:**  *Please add/remove additional boxes as required.* | |
| **1.9. Name (including professional title):** | |
|  | |
| **1.10 Job title:** | |
|  | |
| **1.11 Email address:** |  |
| **1.12 Telephone/mobile:** |  |

**Section two** – Qualification closure details

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| **2.1 Title of the current GOC approved qualification/s that will cease to operate:** |  |

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| **2.2 Please list all associated exit awards that this will affect:** |  |

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| **2.3 Please provide details outlining the reasons for the qualification/s ceasing:**  *(Please see annex one for guidance of what information to include)* |
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| **2.4 Will you teach out the existing qualification or transfer students to a new/alternative qualification?** | |
| Teach out | Transfer  *Please give details of the qualification to be transferred to in 2.5* |

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| **2.5 Please provide any relevant information:**  *(Please see annex one for guidance of what information to include)* |
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| **2.6 Key dates relating to the qualification:**  *(Please see annex one for guidance of what information to include)* | |
| **Event** | **Date** |
| 1. Relevant date(s) of internal (PRV/AO) validation / approval to teach-out/close the existing qualification |  |
| 1. Date from which the existing qualification will cease to recruit new students |  |
| 1. Date from which the last cohort on the existing qualification will graduate |  |
| 1. If you intend to transfer existing students onto a ‘new’ qualification (specified in 2.5), date by which you will confirm transfer to affected students/ cohorts? (if applicable) |  |
| 1. Please list any other relevant dates/dependencies/risks/transition arrangements which may impact upon your ability to meet the timetable outlined above |  |
| **Any other relevant events or milestones:** | |
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| **2.7 Please provide details outlining how the qualification will continue to meet the relevant GOC requirements until its closure**  *(Please see annex one for guidance of what information to include)* |
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| **2.8 Please provide details outlining what will happen with any students still taking the qualification (e.g., resits) after the closure date**  *(Please see annex one for guidance of what information to include)* |
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| **2.9 Please tell us about any risks you have identified that may arise following the decision to close your qualification, please include your plans for mitigation and/or control (or attach a risk register):** | | | |
| **Risk register attached:** Yes  No | | | |
| **If yes, filename/annex/ref no:** | | | |
| **Risk description** | **Impact** | **Controls** | **Mitigation** |
|  |  |  |  |
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**Section three** – Declaration

Please tell us about the person with overall responsibility for the qualification to authorise the submission of this form (this may be different to the main point of contact listed in Section one):

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| --- | --- |
| **Name of responsible person (including professional title):** | |
|  | |
| **Job title:** | |
|  | |
| **Email:** |  |
| **Telephone/mobile:** |  |
| **Address :** |  |

|  |  |
| --- | --- |
| **Date of submission:** |  |
| **By signing this form, you declare that the qualification set out in Section one will be closing and once closed, will no longer have GOC approval and the qualification will no longer be an accredited route to GOC registration.** | |
| *Sign here* | |