*Ophthalmic Common Clinical Competency Framework*

*Hosted by The Royal College of Ophthalmologists*

##### OPT Learner Enrolment & Demographics

# *Learner to complete annually; return to occcf@rcophth.ac.uk*

# *Learner to notify changes to the OPT Learner Registration Centre immediately at other times*

|  |  |
| --- | --- |
| **Title & Full Name** |  |
| **OPT Learner Number** |  | Enrolment date: |
| **Home Address** |  |
| **Telephone(s)** |  |
| **E-mail address** |  |

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| --- |
| **Professional Registration & Qualifications** |
| Profession: | Registered body: | Date of registration: |
| Primary degree: | Awarding body: | Date: |
| Other qualifications: |  |  |
|  |  |  |

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| **Learning already completed** (areas & levels)**:** | **Date of starting** next stage of learning**:** |
| **Target Certificate: Area(s) and Level(s) for which you are applying to study***[please tick the box(es) below the headings]****:*** |
| **Level** | **Cataract** | **Glaucoma** | **Medical retina** | **Acute & Emergency** |
| Level 1 |  |  |  |  |
| Level 2 |  |  |  |  |
| Level 3 |  |  |  |  |
| Level 3 Masters |  |  |  |  |

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| --- | --- |
| **Current employer /****NHS Trust** |  |
| Work address |  |
| Work telephone |  |
| Work e-mail address |  |

|  |  |
| --- | --- |
| **Educational Supervisor**Name |  |
| Employer / Trust &Work address |  |
| Telephone |  |
| E-mail address |  |

|  |  |
| --- | --- |
| **Regional OPT Lead**Name |  |
| Region |  |
| Employer / Trust &Work address |  |
| Telephone |  |
| E-mail address |  |

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| **Signatures** – agreeing to enrolment on the programme | Date |
| Learner |  |  |
| Educational Supervisor |  |  |
| Regional OPT Lead |  |  |