

## CANDIDATE APPLICATION FORM

If you would like to apply to undertake the above qualification, please print and complete this form. By submitting your details you agree to us keeping your information on our database for our use and the use of the English National Diabetic Retinopathy Screening Programme. Your details will not be submitted to any other organisation or company without your permission. Records are stored in line with the Data Protection Act 1998 and requests to see your information should be submitted in writing to the Certificate Administrator. **Your Manager must complete the Manager's Section, before returning.**

**Please return this application form to:**  
**DRS Administrator**  
**Learning & Development, Redwood Education Centre,**  
**Gloucestershire Hospitals NHS Foundation Trust**  
**Great Western Road,**  
**Gloucester, GL1 3NN.**

***PLEASE PRINT ALL DETAILS***

**First Name:**

**Surname:**

**Job Title:**

**Screening Programme Address**

**Contact Address (if different)**

**Date of Birth:**

**Male:**  **Female:**

**Contact No:**

**Email (please print):**

**Have you previously completed a City & Guilds Award:** Yes  No   
*(If yes, please complete your Lifetime Enrolment Number)*

**City & Guilds Enrolment No:**

**Optometrists Only**

**GOC registration number:**

The Certificate in Diabetic Retinopathy Screening is made up of 6 units (you can complete more if required) please indicate which units you will be completing (tick as appropriate).

Please note if you wish to obtain the full qualification you must complete 6 units of which units 1, 2, & 3 are mandatory. However you may complete units individually and be certificated for these.

Unit 1  Unit 2  Unit 3  Unit 4  Unit 5  Unit 6  Unit 7  Unit 8  Unit 9

**CANDIDATE INDUCTION**

All Candidates' must complete an Induction. Please indicate your preferred method of Candidate Induction

Online Induction

Attend Candidate Induction Day

Please contact the Awarding Centre directly if you would like to attend an induction day in Gloucestershire, for details of available dates and charges.

Induction days can also be arranged locally, please contact Awarding Centre directly.

Dates also available at Heartlands Hospital, Birmingham (local charge may apply)  
Please tick the box to register interest in this venue

- Unit 1 - National Screening Programmes, Principles, Processes & Protocols
- Unit 2 - Diabetes and its relevance to retinopathy screening
- Unit 3 - Anatomy, Physiology & Pathology of the eye & it clinical relevance
- Unit 4 - Preparing the patient for Retinal Screening
- Unit 5 - Measuring Visual Acuity & Performing Pharmacological Dilatation
- Unit 6 - Imaging the Eye for the Detection of Diabetic Retinopathy
- Unit 7 - Detecting Retinal Disease
- Unit 8 - Classifying Diabetic Retinopathy
- Unit 9 - Administration & Management Systems in a Retinopathy Screening Programme

It is a requirement of City & Guilds that all Candidates, have equal access and opportunities, would you therefore, please complete your ethnic origin below.

**White:**

- 1 White British
- 2 White Irish
- 3 Any other White background

**Mixed:**

- 4 White & Black Caribbean
- 5 White & Black African
- 6 White & Black Asian
- 7 Any other Mixed background

**Asian or Asian British:**

- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background

**Black or Black British:**

- 12 Caribbean
- 13 African
- 14 Any other Black background

**Chinese or other Ethnic group:**

- 15 Chinese
- 16 Any other Ethnic group

Signed \_\_\_\_\_ Date \_\_\_\_\_

**MANAGERS SECTION**

Please give details of a person(s) who is willing to act as an Assessor. You should ensure you have discussed this with them before providing details. Please note you may need different Assessors for specific units, depending on their speciality, please indicate which units they will be assessing

**ASSESSOR DETAILS**

**Assessor 1**

**First Name:**

**Surname:**

**Job Title:**

**Address:**

**Contact No:**

**Email:**

**Units assessing:**

Unit 1  Unit 2  Unit 3  Unit 4  Unit 5  Unit 6  Unit 7  Unit 8  Unit 9

**Assessor 2**

**First Name:**

**Surname:**

**Job Title:**

**Address:**

**Contact No:**

**Email:**

**Units assessing:**

Unit 1  Unit 2  Unit 3  Unit 4  Unit 5  Unit 6  Unit 7  Unit 8  Unit 9

**Assessor 3**

**First Name:**

**Surname:**

**Job Title:**

**Address:**

**Contact No:**

**Email:**

**Units assessing:**

Unit 1  Unit 2  Unit 3  Unit 4  Unit 5  Unit 6  Unit 7  Unit 8  Unit 9

# Certificate in Diabetic Retinopathy Screening Level 3



To be completed by Screening Programme Manager:

First Name:

Surname:

Job Title:

Screening Programme Address

Contact No:

Email:

Confirm your agreement with units selected by Candidate

Yes

No

Confirm your agreement with nominated Assessors

Yes

No

A payment request form will be sent to you for the amount due. If you are not the person responsible for paying for the qualification, please give details of where this should be sent.

Name:

Address:

Contact No:

Email:

Please sign below to show that you are committed to supporting this candidate in completing this qualification

Signed: \_\_\_\_\_ Date: \_\_\_\_\_