

Optical Dispensing Employer/Supervisor Statement

Course 18278 – Certificate IV in Optical Dispensing

Please attach this statement to the front of the enrolment form.

Personal details:

Family name: Age:

Given name(s):

Postal address:

 Postcode:

Telephone: (Home) () (Mobile) ()

Highest school year completed:

Other qualifications: (please include photocopies of school results and other qualifications)

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What is your current position:

Work name & address:

Work phone: () Signature:

Employer/Supervisor details:

I certify that this applicant is employed/supervised by me as a trainee optical dispenser (dispensing optician) in a retail optical environment. I agree to provide on the job training and supervised access to equipment and clients to assist this applicant with their studies.

I am aware that attendance at practical blocks in Sydney (or Wellington, New Zealand) will be required.

Company or practice name:

Name: Employer's position:

Signature: Date:

Employer/ Delegate Privacy Notice: The information you provide about yourself will be used by the teachers only to confirm a student's work placement. It will not be used for any other purpose or in any other manner.