



**Application to sit an examination for
The Level 2 Certificate
in Optical Production Processes
(Lathe-cut Contact Lens pathway only)**
Not to be used for any other examinations

SURNAME.....Mr, Mrs, Miss or Ms)

FORENAMES

WORK TELEPHONE NO.....

NATIONALITY..... DATE OF BIRTH.....

ADDRESS to which examination correspondence should be sent

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Returning candidates only Date of last attempt: Candidate no (if known)

I wish to sit /re-sit for the following units of the Level 2 Certificate in Optical Production Processes on 8 December 2011
Start time Paper 1 is 10.00am. Start time Paper 2 is 2.00pm.

Paper 1 (For a full pass all units are mandatory) Unit 1 – Working in the Optical Industry <input type="checkbox"/> Unit 2 – Preparing to make ophthalmic appliances <input type="checkbox"/> Unit 3 – Label & dispatch optical orders <input type="checkbox"/> Unit 4 – Health & Safety in an optical workplace <input type="checkbox"/> Unit 5 – Efficiency & effectiveness at work <input type="checkbox"/> Unit 6 – Creating & maintaining working relationships <input type="checkbox"/>		Paper 2 (For a full pass Unit 14 & 15 plus one optional (O) unit) Unit 10 - Receive store & monitor stock (O) <input type="checkbox"/> Unit 13 - Machine based optical production processes(O) <input type="checkbox"/> Unit 14 – The eye & contact lenses (Mandatory) <input type="checkbox"/> Unit 15 – The manufacture of lathe cut contact lenses (Mandatory) <input type="checkbox"/> Unit 16 - The manufacture of moulded contact lenses (O) <input type="checkbox"/>
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Please indicate your preferred venue below:

London <input type="checkbox"/>	Belfast <input type="checkbox"/>	Glasgow <input type="checkbox"/>	British Council <input type="checkbox"/> (Specify location)
Cardiff <input type="checkbox"/>	Bradford <input type="checkbox"/>	On line assessment <input type="checkbox"/> At place of work**	

If you have selected Bradford or Glasgow please indicate your secondary choice for use if there is insufficient demand to allow you your first choice. **If you have selected on-line assessment, you **must** complete supervisor details overleaf

London <input type="checkbox"/>	Cardiff <input type="checkbox"/>	Belfast <input type="checkbox"/>	
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I attach a request for reasonable adjustment and the detailed justification for it

I certify that I have read and understood the WCSM’s Examination Handbook & Regulations and Customer Service Statement. I understand that if I am opting to take the examination online at my place of work, an external verifier might conduct an unannounced audit whilst the exam is in progress.

Signed.....Date.....

Once completed, this form should be returned to the address below. If payment for the exam was not made at the time of Enrolment it should be accompanied by a cheque for the appropriate fee made payable to **'The WCSM'**
The Administrator, WCSM, Apothecaries' Hall, Black Friars Lane, London EC4V 6EL / administrator@spectaclemakers.com
Form continues overleaf.

