



Application to sit an examination for the Level 4 Diploma for Optical Technicians 2nd Year Examinations Only

Not to be used for any other examinations

SURNAME.....Mr, Mrs, Miss or

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 4 Diploma for Optical Technicians

Written Examinations

- Unit 4 – The theory of lens surfacing
- Unit 5 – The properties of ophthalmic lenses
- Unit 6 – Spectacle lens materials
- Unit 7 – The properties of spectacle frames & glazing
- Unit 10 – Spectacle lens treatments
- Unit 11 – The spectacle industry & standards

* For the Practical Examinations candidates should enter for either the Glazing pathway or the Surfacing pathway, not for both. We will endeavour to provide you with your preference for focimeters but can not guarantee to do so. You may seek approval to bring your own manual focimeter if you wish

Practical Examinations

- Unit 8 - Glazing Pathway*
- Section D
- Unit 9 -Surfacing Pathway*
- Section E
- Both pathways
- Section A
- Section B
- Section C
- Rotating target focimeter preferred
- Fixed target focimeter preferred

Please indicate your preferred venue below:

- | | | | |
|----------------------------------|-----------------------------------|----------------------------------|--|
| London <input type="checkbox"/> | Belfast <input type="checkbox"/> | Glasgow <input type="checkbox"/> | British Council <input type="checkbox"/> |
| Cardiff <input type="checkbox"/> | Bradford <input type="checkbox"/> | | (Specify location) |

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.

- | | | | |
|---------------------------------|----------------------------------|----------------------------------|--|
| 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 Regulations & Customer Service Stat

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

Once completed, this form should be returned to the address below. If payment for the exam was not made at th 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@spectaclemak Form continues overleaf.

