

Expression of Interest for Higher Qualifications in Optometry

First name(s)	
Surname	
Gender (optional – demographic data to help monitor uptake)	
Contact email	
Contact phone number	
Ophthalmic Performers List	<input type="checkbox"/> tick to confirm If applicable, please state Professional Registration Number:
GOC registration	<input type="checkbox"/> tick to confirm If applicable, please state GOC Registration Number:
Please state the proportion of your clinical practice that is typically carried out in West Yorkshire (e.g. 100%, 75%, 50%)	
Main role	
Employment status	Choose an item.
Number of days per week	
Optometry practice (including ODS code)	
Additional role (if applicable)	
Employment status	Choose an item.
Number of days per week	
Optometry practice (including ODS code)	
Additional role (if applicable)	
Employment status	Choose an item.
Number of days per week	
Optometry practice (including ODS code)	
Course details	
Course title	
Course level	Choose an item.
Higher Education Institution	
Course cost	
Course start date	
Entry requirements - Applicant can confirm they have the necessary registrations and postgraduate qualifications to undertake the course	<input type="checkbox"/> tick to confirm



<p>Does the course require a Placement? If Yes, please confirm your preferred West Yorkshire location(s) to undertake the placement</p>	<p>Yes / No – <i>please note we are pausing applications that require placements at present unless applicants have sourced a confirmed placement themselves</i></p> <p>Preferred West Yorkshire Placement location 1st choice: <i>please see note above</i></p> <p>2nd choice:</p> <p>3rd choice:</p>
<p>Please state the earliest date you intend to start the course; please note this may be subject to placement availability where necessary</p>	
<p>Have you previously received funding support from NHS England, NHS West Yorkshire ICB and Health Education England?</p>	<p>Yes / No</p>
<p>If Yes, please provide details</p>	<p><i>Please include details of funding received and from whom, what the funding was for and when it was received</i></p>
<p>Supporting information</p>	
<p><i>Please provide a brief statement to describe how this course will enhance your practice and benefit the local population and support eye care service provision across the West Yorkshire system (max 250 words)</i></p>	

Please submit this Expression of Interest to wy.traininghub@nhs.net

West Yorkshire ICB is being supported by the West Yorkshire Training Hub and information provided as part of this Expression of Interest will be shared with both organisations; successful applicants will be required to provide information to support audit and evaluation processes.

