|  |
| --- |
| LOCSU Leadership Module 2026  Application Form for a funded place  Closing date: Wednesday 20 November 2025 10:00am |

|  |
| --- |
| Admin:  Please complete the form below which is required for the registration and administration of the leadership programme.  It will be used for:   * programme management, administration, learner management and certification by the awarding centre, WOPEC.   Information provided on this form is confidential and will not be used for any undeclared purpose. Our privacy policy can be viewed [here](https://locsu.co.uk/privacy-policy/). |

|  |
| --- |
| **Reasonable adjustments**  Please let us know if you require this application form in a different format or require any adjustments for the interview, which will be conducted via a call. |

|  |  |
| --- | --- |
| **Personal Details** | |
| First name: (He/She) | Surname: |
| Home address: | |
|  | Postcode: |
| Mobile contact number: | Date of birth (for cert): |
| GOC number and name on register if diff from above: |  |
| Email address: | |

|  |  |
| --- | --- |
| **Education and Qualifications** | |
| College/University: |  |
| Study dates: |  |
| Qualification and grade: |  |
| Date obtained: |  |
|  | |
| College/University: |  |
| Study dates: |  |
| Qualification and grade: |  |
| Date obtained: |  |

|  |
| --- |
| **Professional Development** – please provide details of professional or other qualifications you have undertaken that is relevant to this application |
|  |
| **Membership of Professional Institutions** |
|  |
| **Membership of any LOCs** –please include details of any officer roles held |
|  |

|  |  |
| --- | --- |
| **Employment History** – please provide details of your employment history starting with your current or most recent employer | |
| Name of employer: | |
| Address: | |
|  | Postcode: |
| Position held: | |
| Date started: | Leaving date: |
| Reason for leaving: | |
| Description of responsibilities: | |
|  | |
| Name of employer: | |
| Address: | |
|  | Postcode: |
| Position held: | |
| Date started: | Leaving date: |
| Reason for leaving: | |
| Description of responsibilities: | |
|  | |
| Name of employer: | |
| Address: | |
|  | Postcode: |
| Position held: | |
| Date started: | Leaving date: |
| Reason for leaving: | |
| Description of responsibilities: | |

|  |
| --- |
| **Personal Statement** – please use this section to explain your personal and professional objectives in undertaking the Leadership Module, your research interests and how you intend using your leadership skills in the future |
|  |

|  |  |
| --- | --- |
| **Microsoft Teams Interview** – please indicate which date(s) you can do for a 30-minute virtual call **on Teams or Zoom** with the Course Facilitator (hold your date and I will confirm by COP Fri 21 November) | |
| **Wed 26 Nov**: Y / N | **Preferred time(s):** |
| **Thursday 27 Nov:** Y / N | **Preferred time(s):** |
| *If you cannot do either date, please advise below of dates and times in that week (evenings ok) that you can do, and we will let you know if we can accommodate you.* | |

|  |  |
| --- | --- |
| **References** – please provide names and addresses of two referees; one of whom should be your current LOC chair, LOC officer, LOCSU Advancement Lead or Employer | |
| **Reference 1** | **Reference 2** |
| Name: | Name: |
| Job title: | Job title: |
| Organisation: | Organisation: |
| Contact tel no: | Contact tel no: |
| Email: | Email: |
| How is this person known to you? | How is this person known to you? |

***Please submit this completed form and a covering letter/email from your LOC Chair who should explain why you are a suitable candidate and what role you can play in the LOC following successful completion of the Leadership Skills module.***

|  |
| --- |
| **Statement of Confirmation by the applicant:** |
| *I confirm that by submitting this form to LOCSU, all the information given by me on this form is correct and accurate.*  Date submitted: |

*Please return to* [*info@locsu.co.uk*](mailto:info@locsu.co.uk) *before the closing date Thursday 20 November 2025 10:00am.*

Offers of a place on the programme will be confirmed by COP Friday 28 November and the candidate who’s been offered a place has until **10am on Monday 1 December** to accept. We will officially confirm all candidates’ places by Tuesday 2 December and will confirm our selection with Cardiff University.

**Memorandum of Understanding:**

**Memorandum of Understanding (MOU) for Leadership Skills for Optical Professionals course beginning in February 2026 between the Trainee, the Education Provider (Cardiff University) and the funder (Local Optical Committee Support Unit)**

**SUMMARY OF THE EDUCATION MOU**

**This document details an Education MOU between the Trainee, the Education Provider (Cardiff University) and the funder (Local Optical Committee Support Unit).**

**The aim is to ensure the Trainee completes a Leadership Skills for Optical Professionals course.**

**PURPOSE OF THE MOU**

**This MOU sets out the requirements of all parties in the event that an optometrist or dispensing optician (hereby known as ‘The Trainee’) has been provisionally offered a place on the WOPEC Leadership Skills for Optical Professionals module at Cardiff University starting in February 2026.**

**The signing of this MOU commits the signatories to undertake, to the best of their ability, the responsibilities stated in the Memorandum. It sets out positions of each party so that there is a clear understanding of responsibilities.**

**The Local Optical Committee Support Unit (LOCSU) is committed to funding optometrists or dispensing opticians to complete the Leadership Skills for Optical Professionals module (henceforth referred to as ‘the course’).**

**ACCOUNTABILITY ARRANGEMENTS**

**THE TRAINEE**

**In relation to the course, the trainee has a responsibility to:**

**Ensure that they meet the minimum engagement activities expected of the course and ensure they meet deadlines for submission of any coursework - notwithstanding accepted exceptional circumstances, which will be dealt with through the University’s normal procedures in relation to this.**

**Ensure that, should there be exceptional circumstances or legitimate reasons that they are unable to fulfil the requirements for any aspect of the course, they inform both the education provider (Cardiff University) and the Local Optical Committee Support Unit (LOCSU) as soon as is possible.**

**Ensure that, should there be circumstances or legitimate reasons requiring an interruption of study, they inform both the education provider (Cardiff University) and the Local Support Committee Support Unit (LOCSU) as soon as is possible.**

**Complete the entirety of the course to the best of their ability, notwithstanding accepted exceptional circumstances or interruption of studies, which will be dealt with through the University’s normal procedures.**

**The trainee also agrees:**

**To repay the cost of the course in full (£1380) to the Local Optical Support Unit (LOCSU) if they do not complete the course in its entirety, notwithstanding accepted exceptional circumstances or interruption of studies, which will be dealt with through the University’s normal procedures.**

**To pay the full cost of any re-sits to the Education provider on account of failing any competence of the course. That is to say, that the Local Optical Committee Support Unit (LOCSU) will not fund re-sits of any course components for the Trainee.**

**That the final result, at the end of the course (in respect of pass or fail) are shared with the Local Optical Committee Support Unit (LOCSU).**

**That the final essay, at the end of the course (in respect of pass or fail) are shared with the Local Optical Committee Support Unit (LOCSU).**

**Pay the cost of any travel or accommodation required to study on the course.**

**THE EDUCATION PROVIDER (Cardiff University)**

**In supporting the delivery of high-quality training, the education provider (Cardiff University) has a responsibility to:**

**Provide the trainee with a Leadership Skills for Optical Professionals course that fulfils the requirements of the regulator (the General Optical Council; GOC) such that on completion of the course the trainee is able to demonstrate leadership skills in their workplace.**

**Share the final results of the course (in respect of pass or fail) in line with the agreement of the Trainee with the Local Optical Committee Support Unit (LOCSU).**

**Ensure that the price of the course quoted to the funder of the course (LOCSU remains the same as agreed at the time of student enrolment on to the course.**

**Ensure that no additional costs are passed on to the funder (LOCSU).**

**THE FUNDER OF THE COURSE (Local Optical Committee Support Unit) LOCSU))**

**In supporting the delivery of high-quality training, the Local Optical Committee Support Unit has a responsibility to:**

**Fund the full cost of the course starting in February 2026. (£1380 per student).**

**TERMS OF UNDERSTANDING**

**The signing of this MOU commits the signatories to undertake, to the best of their ability, the responsibilities stated in the MOU.**

**I have read and understand the content of this MOU and hereby agree to adhere to them.**

**Signed by Trainee recipient of Leadership Skills for Optical Professionals**

**Name …………………………………………………………………………………………………………….**

**Date ………………………………….**

**I understand that my name will be published in various media, when announcing the successful LOCSU funded students and also it may be used by LOCSU for the purposes of promoting LOCSU courses / content. This could include the LOCSU website, social media and publications.**

**I have read and understand the content of this MOU, in particular the responsibilities of Cardiff University, and hereby agree to adhere to them.**

**Signed by the Provider of the course, on behalf of Cardiff University**

**Name …………………………………………………………………………………………………………….**

**Date ………………………………….**

**I have read and understand the content of this MOU, in particular, the responsibilities of the LOCSU, and hereby agree to adhere to them.**

**Signed by the funder of the education, on behalf of the Local Optical Committee Support Unit**

**Name …………………………………………………………………………………………………………….**

**Date ………………………………….**

**Course administration and follow up (Please delete as appropriate)**

**I agree / disagree that LOCSU can contact me in the future regarding other courses or to take part in various activities e.g., interviews, Annual review, podcasts, webinars, NOC etc.**

**Publicity**

**I consent / do not consent to my picture / video being used by LOCSU for the purposes of promoting LOCSU courses / content. This could include the LOCSU website, social media and publications.**

**We do like to take a photo of the cohort on the leadership contact days and when you receive your certificate and we will ask your consent before we do this.**