



LOCAL MENTOR SUPPORT FORM

Applicable for MMedSci ACP Ophthalmology (Paediatrics) and the standalone Clinical Education and Leadership in Ophthalmology module

Applicant confirmation

I confirm that my manager has agreed to my undertaking this course and will support me in gaining practical experience and clinical exposure by attending paediatric ophthalmology clinics. I have identified at least one local mentor, either Ophthalmologist or Advanced Clinical Practitioner in Paediatric Ophthalmology, who has agreed to help and support me during the course.

Applicant's full name:	
Job title:	
Place of Work:	
Signed:	Date:
Print Name:	

Local mentor confirmation

I confirm that I am willing to support the above named applicant with this course. I am willing to share clinical expertise, supervise where necessary and have occasional reflective discussions on different patient cases with the student throughout their studies.

Signature of local mentor:	Date:
Print Name:	
Profession:	
Email address:	

Please upload this form to your application under 'supporting documentation'. Alternatively, if you have already submitted your application, you can email it to orthoptics@sheffield.ac.uk. Please note this must be received prior to the start of the course.