



### ORT6033 PRIMARY EXEMPTIONS TUTOR SUPPORT FORM

I confirm that my manager has agreed to my undertaking this course and will support me in gaining practical experience by attending clinics in which medications exempted for orthoptists will be given or prescribed. I have identified a primary exemptions tutor who will mentor and support me during the course. This person has an appropriate registration with one of the following: The General Medical Council register for specialty in Ophthalmology for Ophthalmologists; the General Optical Council for registered Optometrists with IP; General Nursing Council for Nurse Practitioner in Ophthalmology specialty with IP; or the HCPC register for annotated Orthoptists.

**Student's signature:**

**Date:**

**Print name:**

**HCPC Registration no:**

**Place of work (Healthcare Trust):**

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**Signature of primary exemptions tutor:**

**Date:**

**Print name:**

**Registration no:**

**Profession:**

**Email address:**