

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: