

**UNIVERSITY OF SHEFFIELD**  
**School of Medicine & Biomedical Sciences**

**B.Med.Sci (Orthoptics) Entry Agreement**

**Please read the following statements and confirm that you understand and accept them.**

1. I will listen to patients and respect their views, treat them politely and considerately, respect patients' privacy and dignity, and respect their right to refuse to take part in teaching.
2. I will not allow my views about a person's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status or perceived economic worth to prejudice my interaction with patients, teachers or colleagues.
3. I will not abuse the trust of a patient or other vulnerable person and I will not enter into an improper relationship with another person, for example, a patient with whom I have come in contact.
4. I will be honest in my dealings with patients, teachers and colleagues. I will also make clear to others that I am a Student Orthoptist and not a qualified Orthoptist.
5. I understand, accept and agree to be bound by the principle of confidentiality of patient records and patient data. I will not discuss patients with other students or professionals outside the clinical setting except anonymously. I will respect all hospital and patient records.
6. I will maintain appropriate standards of dress, appearance and personal hygiene so as not to disquiet patients, teachers or colleagues.
7. I will expose my face fully to patients, teachers and colleagues in all clinical and teaching settings, and whenever on University premises, NHS or other sites where I attend for teaching, learning or assessment.
8. I will examine patients of both sexes irrespective of the gender culture, beliefs, disability or disease of the patient.
9. I will participate in practising clinical examination on other students and will be willing to allow other students to examine me for the purpose of learning clinical examination skills.
10. I will attend classes and other teaching sessions as required by the regulations of the programme.
11. I will be willing to travel to clinical teaching centres anywhere in the UK for periods of up to 4 weeks, and understand that I do not have a choice in the allocation of clinical teaching sites. I accept that:
  - i. the quality of accommodation arranged by clinical centres may be below that of university accommodation standards, but should comply with health and safety regulations.
  - ii. accommodation will normally be in single rooms, with communal facilities which may be shared between male and female residents
12. I will inform the programme leader of any reasons why I may not be able to attend clinical teaching as soon as is possible, whether this is for personal, religious, medical or others reasons;

and understand that permission will not be granted for time away from clinical teaching if I have delayed in giving this notice.

13. I will allow the following information to be given to clinical teaching centres:
  - i. Name
  - ii. Date of Birth
  - iii. Address (term and / or home), including university email address
  - iv. Telephone number
  - v. Next of kin telephone number
  
14. I will be honest in completing course work for assessment and will never plagiarise material or use other unfair means. I will submit work, as and when required, through the JISC Plagiarism Detection Service (TurnItIn).
  
15. I will inform the Orthoptic programme leader if I am charged with and receive a caution, or am convicted of, a criminal offence during my time as a student.
  
16. I will attend the Occupational Health appointment at the start of the programme and any follow up appointments and provide evidence of vaccinations if required. Where it is the opinion of Occupational Health that an adjustment / risk assessment is necessary for clinical placement I give my permission for the University to notify the Lead Clinical Tutor, or their deputy, of my condition.
  
17. I will inform the Orthoptic programme leader if there is any significant change to my health that might affect my fitness to practise as a student or subsequently as an Orthoptist.
  
18. On successful completion of the programme I agree that my name, nationality and date of birth be given to the Health Professions Council and my name to the British and Irish Orthoptic Society.
  
19. I confirm that I have been truthful in my application and that I did not omit any important or relevant information on my application. I understand that if the University of Sheffield discover that I have been untruthful in my application, it reserves the right to withdraw an offer or terminate the programme of study.