**Division of Ophthalmology & Orthoptics**

**MMedSci ACP Ophthalmology (paediatrics)**

**Local mentor support form**

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 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:**