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**Clinical Placement Expansion Project (CPEP) Consent Form – Live stream of orthoptic assessment**

Patient name:

Date of birth:

Telephone/Email:

Date of assessment:

□ I have been given an information sheet explaining how my orthoptic assessment will be livestreamed and the purpose of this project.

□ I agree to my orthoptic consultation and assessment being live streamed to orthoptic students at the University of Liverpool, University of Sheffield, Glasgow Caledonian University, and University College London, and the University lecturers. These students have undertaken Data Security Awareness Training and will adhere to the principles of patient confidentiality.

□ I understand that during the consultation, information relevant to the diagnosis and management of my eye condition may be discussed. This may include birth history, previous medical history (including medications), details about your previous eye health and symptoms. It is often relevant to consider a patients’ occupation and driving status in relation to their visual symptoms and treatments, and this too may be discussed.

□ I understand that my participation is voluntary and that I am free to withdraw at any time during the assessment by letting the clinician know. Choosing to withdraw from the project will not affect my care.

□ I consent for my orthoptic consultation to be recorded and the video uploaded to the BIOS learning resource library so it may be used for future teaching sessions (separate video recording consent form required)

Statement of Your Consent:

I have read the above description of this initiative and all my questions have been answered to my satisfaction. I voluntarily agree to take part in this project. I understand I will receive a copy of this consent form.

Please ensure the above checkboxes have been ticked, and sign below to show that you agree to and understand the above statement.

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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