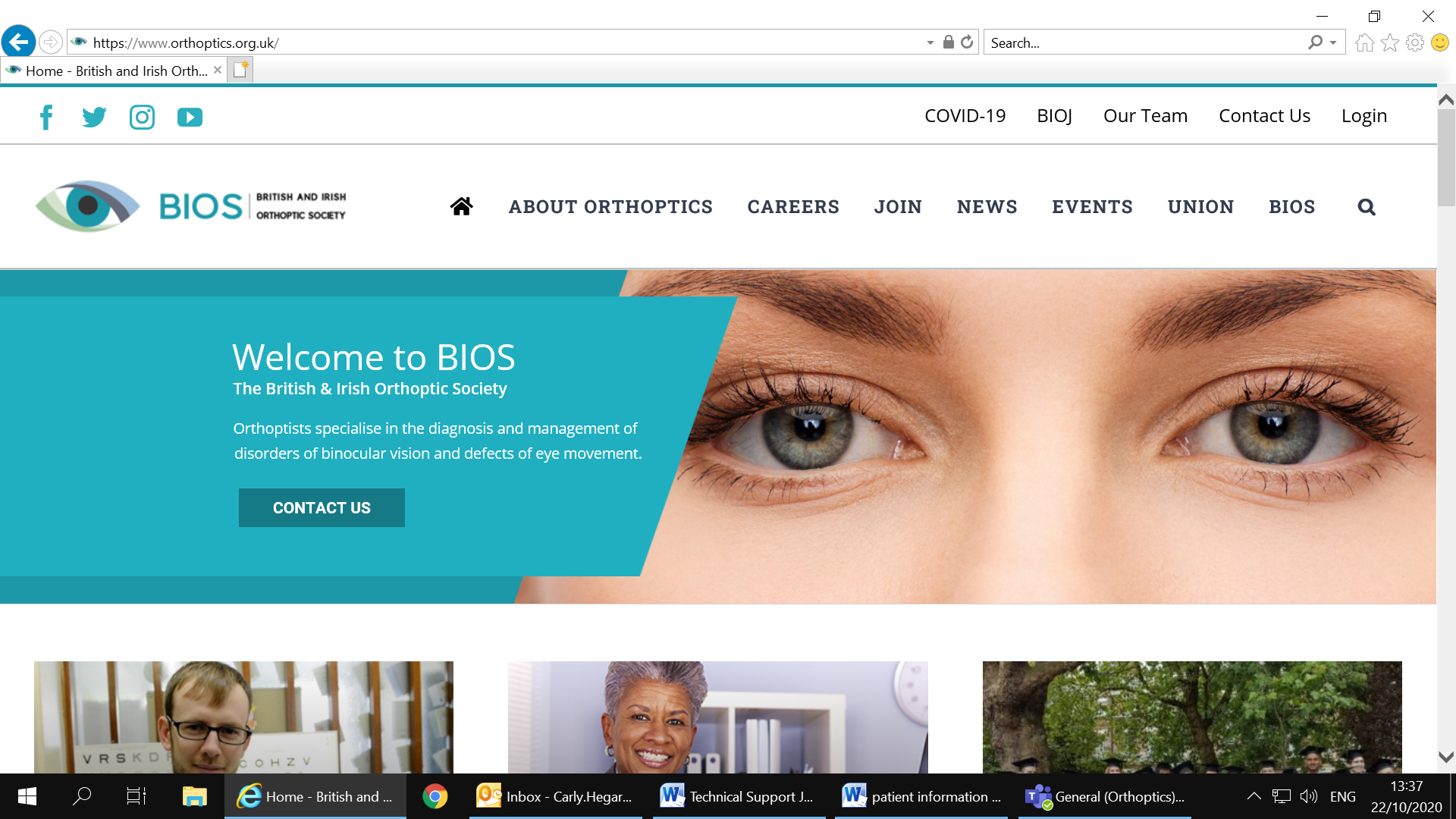
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Dear patient,

*Your hospital/Trust* is taking part in a project to video record orthoptic assessments for educational purposes. Please read the information below to allow you to decide if you would like to volunteer for your orthoptic consultation to be filmed.

Participation is completely voluntary, and your care will not alter if you do not want to take part.

Qualified orthoptists in the UK must complete a degree in Orthoptics at a University. Approximately one third of the course is spent on clinical placements at hospitals across the country, allowing students to develop clinical skills and gain exposure to real patients. These clinical placements are a core part of the degree, however due to the COVID-19 pandemic many students have missed out on placement opportunities. This project is intended to support these students.

The British and Irish Orthoptic Society (BIOS - our professional body) has been awarded funding to purchase some Hololens2 devices. These are cameras worn on the head which your orthoptist will use to film your orthoptic assessment.

Once the recording has been made, it may be edited, and then uploaded to a learning resource library on an area of the BIOS website ([www.orthoptics.org.uk)](about:blank) which is only accessible to HCPC registered orthoptists and orthoptic students. The resource library will be password protected, and the activity of its users will be monitored. Your recording will not be used anywhere else.

The video of your assessment will mainly show their face and eyes, focusing on results of the eye tests. During the consultation information relevant to the diagnosis and management of your eye condition may be discussed, this will include birth history, previous medical history (including medications) and details about your previous eye health and symptoms.

Details such as your name, address, date of birth, NHS number or Hospital Number will not be included on the recording.

Your participation is voluntary and you are free to withdraw at any time during the assessment by making the clinician aware. Choosing to withdraw from the project will not affect your care.

If you have any further questions about this project, please contact the Lead Clinical Tutor for the project at *your email.*

You may receive a phone call from an orthoptist in the days before your appointment to discuss your participation and answer any questions you may have.

If you decide you would like to participate, please sign the enclosed consent form and bring it to your appointment.

Thank you for considering this information.

Kind regards,

*Your name and role*