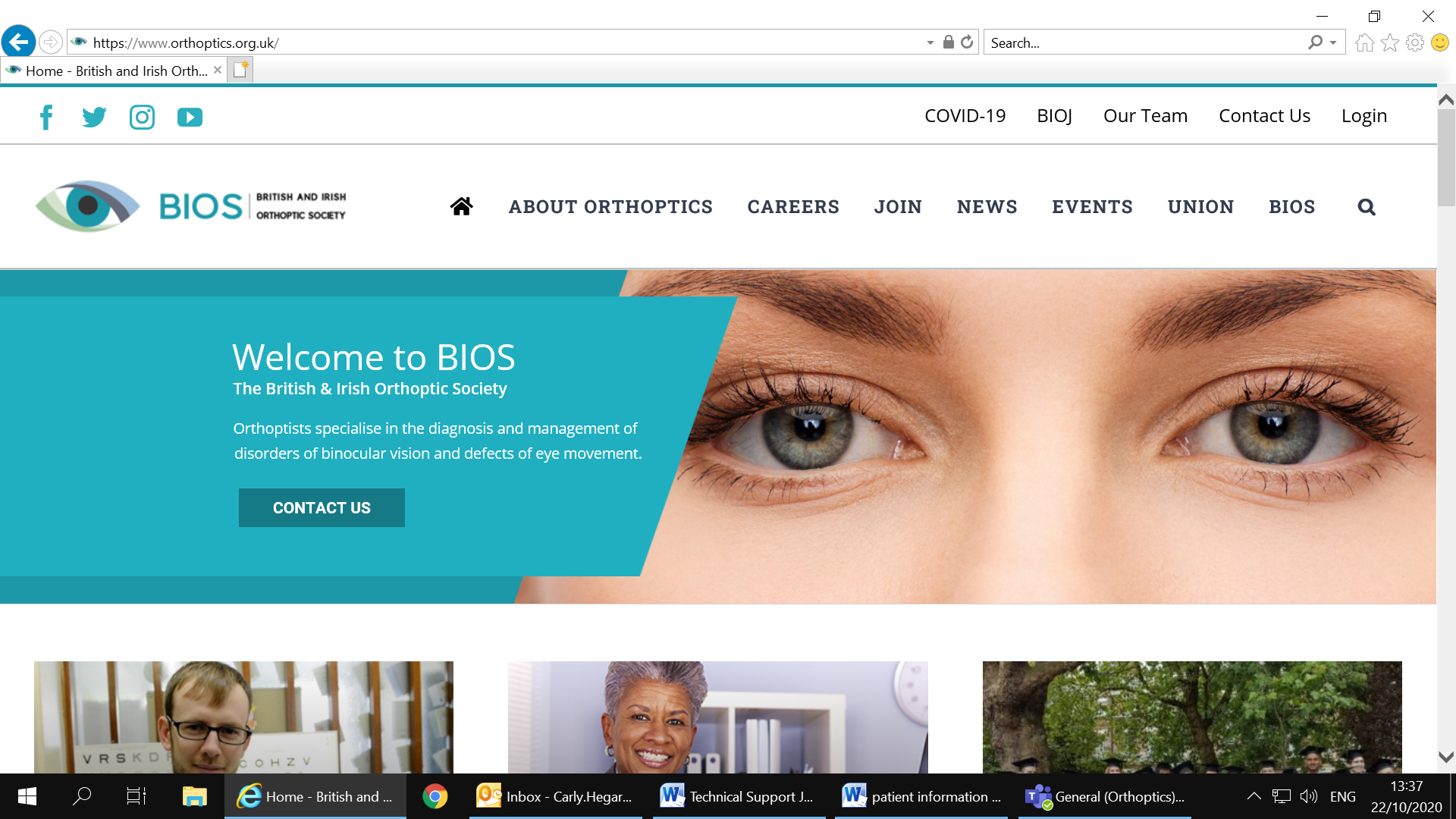
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*Your Trust Logo here*

Dear parent/guardian,

*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 child’s orthoptic consultation to be filmed.

Participation is completely voluntary, and your child’s 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 spend 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 child’s 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)](http://www.orthoptics.org.uk)) 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 child’s recording will not be used anywhere else.

The video of your child’s 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 child’s previous eye health and symptoms.

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

Your child’s participation is voluntary and you/they 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 child’s care.

A child-friendly information leaflet is available – please ask your orthoptist if you have not received this.

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 child’s participation and answer any questions you/they may have.

If you decide your child can 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*