TRAINEE CERVICAL SCREENING CLINICAL SUPERVISION AGREEMENT

I, ...................................................................................................................(accredited Screener/Doctor)

agree to supervise and support ................................................................. (trainee's name)

during the practical training component of the Cervical Screening Certificate Course.

In agreeing to meet the minimum National Cervical Screening Programme Operational Policy and Quality Standards (2014) including Section 3: Cervical Screening Services (2017), I confirm the following:

- I agree to support the commitment to uphold the policy and protocols of the National Cervical Screening Programme.

- I am a Doctor or certified screener of two years minimum experience

- My screening adequacy rate is at least 97%

- I understand that in agreeing to act as a supervisor, that this means I will be present in the room during the whole of the screening procedure, including history taking for smears 4 – 13 and following that will provide whatever supervision is recommended by the screening Trainer/Assessor

- Date of last Cervical Screening update ____________________________ (must be in the last 12 months)

Signed: .........................................................................................

Accredited Screener/Doctor

Signed: .........................................................................................

Cervical Screening Trainee

Dated: .............................................................................................

Please return with your enrolment application