

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 a 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.