**Authorisation for Student to Participate**

**This form must be completed by students undertaking any of the following reporting modules:**

**Foundations and Practice of Musculoskeletal Reporting**

**Foundations and Practice of Adult Chest and Abdomen Reporting**

**Foundations and Practice of CT Head Reporting**

Name of Student ……………………………………………………………………………………..

Hospital base where practice is to be carried out

……………………………………………………………………………………………………………

Name of Clinical Supervisor

I, agree to:

* Supervise the above named student as detailed in the Supervisor Handbook
* Review the reports carried out by the above, for the period of training, I also certify that the Clinical Director for the department is aware of, and has agreed to allow, training to proceed.

Signed Date ……………………………………

(Clinical Supervisor)

A second clinical supervisor who is willing to act as reserve Clinical Supervisor must also be nominated.

Name of reserve Clinical Supervisor..........................................................................................

**Management Authorisation**

I, (print name) .................................................. as (position) ……………………………………..

of the above department, agree to the above named radiographer being trained in

……………………………………………………….(*insert reporting module title).*

I certify that the relevant Personnel and/or Trust authorities have been notified of the change of duties of the above and that the Trust/Department has provided the appropriate indemnity cover and authorisation.

I can confirm that this member of staff is of good character and health.

Please tick one of the following statements:

We currently support students form Birmingham City University and Clinical Audit has been undertaken by the University

We currently support Radiography students from another HEI and have submitted our clinical audit (please attach to this form).



We do not currently support students and therefore have completed the BCU clinical audit document in Appendix A of the Placement handbook. (Please return with this form)



Signed ………………………………………………. Date …………………….

(Manager)