



Certificate in Cervical Screening for Healthcare Professionals

Learning Agreement

Student Name	
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Clinical Supervisor name:	
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Clinical Supervisor Declaration

I confirm I will:

- Support and provide guidance for the course applicant
- Directly supervise the student carrying out a minimum of 5 cervical samples
- Indirectly supervise the student carrying out a 15+ cervical samples
- Assess the student's competence and understanding of processing cervical samples, results, and patient outcomes
- Carry out the formal clinical assessment and sign off the student's competency logbook within 9 months of the course start date

Student Signature

Date

Clinical Supervisor Signature

Date

Please return completed application forms to Kingsbridge Training Academy

Email: info@kingsbridgetrainingacademy.com

Post: [Kingsbridge Training Academy, 10 Falcon Way, Boucher Road, Belfast, BT12 6SQ](#)