

CLINICAL GOVERNANCE PROJECT – CLINICAL SUPERVISOR AND CANDIDATE DECLARATION FORM

This form should be completed and submitted with the clinical governance project summary to the Examination Section at least 6 weeks before the start date of the Examination.

Date of examination:

Candidate's name (print):

Candidate's date of birth:

Title of Clinical Governance Project (print):

I certify that the above named project was designed, performed and analysed by the Candidate.

I certify that the candidate prepared the written summary and Powerpoint presentation (or equivalent) of the Clinical Governance Project for the Examination.

Supervisor's name (print):

Supervisor's signature:

Date:

Hospital or departmental stamp

I confirm that I have not plagiarised from any source.

Candidate's name:

Candidate's signature:

Date: