

**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:**