

**Professional Certificate in Ambulatory**

**Gynaecology Ultrasound (X988)**

**Declaration of Clinical Placement**

 ***Applicant’s Name:***

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***Hospital Name & Address:***

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***Name, Current Position and Academic Qualifications of Clinical Supervisor:***

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 I confirm that the above applicant is guaranteed to obtain a minimum of 80 hours

 clinical experience whilst undertaking the UCDProfessional Certificate in Ambulatory Gynaecology Ultrasound.

**Applicant’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_

**Clinical Supervisor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_

**Manager Ultrasound Department**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_

**(CMM/RSM)**