**AHP Clinical Educator/Supervisor: Self-assessment / Self-declaration Form**

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| Full name: |  | Job Title: |  |
| Placement or base name: |  | Line manager name: |  |
| Email: |  | Line manager email: |  |

**By completing this form, you are making a professional declaration that you can evidence your ability to meet the HCPC standards of education and training guidance**

*“Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register”*

**& the HCPC standards of proficiency. (with the exception of Orthoptists)**

*“Understand the importance of participation in training, supervision, and mentoring”*

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| **PRE-REQUISITES FOR CLINICAL EDUCATOR ROLE ON DIFFERENT HCPC PROGRAMMES** | | |
| **HCPC programme** | **Required clinical educator qualifications for programme:** | **Please Tick Profession** |
| Student Podiatrists | Registered Podiatrists - University Educator Course or Anglia Ruskin |  |
| Student Dietitians | Registered Dietitian - University Educator Course or Anglia Ruskin |  |
| Student Occupational Therapists (OT) | Registered OT – Clinical Educator Training |  |
| Student Speech and Language Therapist (SLT) | Registered SLT – University Educator Course or Anglia Ruskin |  |
| Student Operating Department Practitioners (ODP) | Registered ODPs – University module or Anglia Ruskin |  |
| Student Paramedics | Registered Paramedic - University Educator Course or Anglia Ruskin |  |
| Student Physiotherapist | Registered Physiotherapist - Clinical Educator Training |  |
| Student Radiographer | Registered Radiographer – University Clinical Supervisor Course or Anglia Ruskin |  |
| Student Orthoptist | Registered Orthoptist – attended BIOS Clinical Tutor Course. |  |

Details of clinical educator training & dates attended:

* Completion of this form is your evidence / record of the date you declare you meet the HCPC standards.
* The records are part of the Trust quality monitoring process. It is therefore imperative that your details are complete and up to date. If you would like to check if your record is correct you might access this through your ESR account (if applicable)

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| **By signing below, I declare that I meet the HCPC requirements for a clinical educator/supervisor as outlined above. I have evidence of this and agree to the audit of this evidence as requested. I understand that as a clinical educator/supervisor I need to keep continually up to date with developments in practice learning, assessment and programme curriculum.** | | |
| Registrant Signature: | Date: |  |
| Line Manager Signature | Date: |  |