



**OPHTHALMIC SERVICES**

**Primary Care Optometric Independent Prescribing  
Clinical Session Placement Application**

Conditions of application: Please note that in signing this application you agree with and accept the following conditions:

- **Currently there is no HSC funding available for the clinical placement programme. The practitioner will be required to self-fund their placement which currently costs £1200. This will be payable to the Trust that provides the placement.**
- **This application does not guarantee allocation of Clinical Sessions for IP Optometrist training.**
- **Names of applicants will be listed in order of date and time of receipt of a fully completed application. A list will be created which will be used by Belfast and Western Health and Social Care Trusts in the allocation of clinical placements as places become available...**
- **The Health and Social Care Board have no involvement in the allocation of sessions either based on location or any preference which an applicant may have for the location of the training places. This will be managed by the Belfast and Western Health and Social Care Trusts.**
- **Applicants who decline a first offer of allocation of Clinical Sessions for IP Optometrist training as offered by the Belfast and Western Health and Social Care Trusts will have their names returned to the bottom of the waiting list at the point in time when the Health and Social Care Board is notified that a placement has been declined.**
- **The Belfast and Western Health and Social Care Trusts will manage all aspects of the scheduling and delivery of the IP Optometrist Clinical Session placement.**
- **Your contact details as provided will be shared with the Belfast and Western Health and Social Care Trusts.**
- **Please inform HSCB Ophthalmic Services if you undertake your clinical placement elsewhere or wish to withdraw from the waiting list for any other reason. You are requested not approach individual consultant ophthalmologists within the Health Service in NI about a placement as any that have time available are contributing to the formal clinical placement program.**

<b>Name</b>	
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<b>GOC Number</b>	
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<b>NI Number (GOS Personal Code)</b>	
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<b>Home Address</b>	
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<b>Personal Email Address</b>	
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<b>Current Practice Name &amp; Address</b> <i>(please state if locum)</i>	
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<b>Optometry Practice Code</b>	
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<b>Date passed University Independent Prescribing Exams</b> <i>* Note: A copy of the University certificate <u>must</u> be enclosed with the application. The application will be invalid without this evidence.</i>	
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<b>Signature of Applicant*</b> <i>(please read the conditions of application detailed in the attached letter before you sign)</i>	
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<b>Date of Application</b>	
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**Please email this completed application form to:  
HSCB Ophthalmic services at [ophthalmic.services@hscni.net](mailto:ophthalmic.services@hscni.net).  
Please also use this email address if you have any queries in relation to the  
Clinical placement programme.**

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**For Office Use Only**

<u>Date Form Received</u>	<u>Copy of Certificate provided</u>	<u>HSCB Officer Initials</u>
	Yes / No	