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**ORT6022 LOW VISION**

**MANAGER’S CONSENT FORM**

**First name:**

**Surname: Title:**

**Place of Work:**

I confirm that my manager has agreed to my working in the Low Vision Clinic to gain practical experience. I understand that if I change my job, or am unable to undertake practical work for any reason, I will not be able to complete the assessment for the module.

**Signed: Date:**

**Print Name:**