



BUCKINGHAMSHIRE
NEW UNIVERSITY
EST. 1891

**Theatre manager approval form – Surgical First Assistant Perioperative
Practice Module**

Student Name:

Employing/sponsoring trust:

Manager declaration

I declare that I have read module plan and understand the learning outcomes/requirements of this module. I can confirm that the above-named trust is happy to support the above-named student on this module and accepts vicarious liability for this student to undertake the Surgical First Assistant role. I also declare that the following has been or is in the process of being undertaken:

- Adequate risk assessment in relation to surgical first assistance.
- A review of the student's job description to support this extended role.
- A local policy to support the practice of surgical first assistants.
- The allocation/agreement of appropriate mentors: Consultant surgeons in two speciality areas, one of which must cover laparoscopic surgery. Senior practitioner (registered nurse/ODP), who also has a mentorship award and are currently in/familiar with advanced roles (Surgical first assistant or higher) to oversee the whole of the student SFA's training.

Signed:

Date:

Full Name:

Designation:

Contact details

Email:

Telephone:

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