**LEEDS COMPETENCE TEST CENTRE**

*Confidentiality Agreement and Declaration*

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| Candidate Name (Print): | | |  | | | |
| Candidate PRN Number: | | |  | | | |
| Date of OSCE: | | |  | | | |
| Candidate Declaration (Please read and initial each point to confirm the following) **I hereby agree:** | | | | | | |
| 1 | That I will not communicate or discuss any elements of the NMC’s Part 2 OSCE examination, facilitated by the LTHT OSCE Test centre to a third party, except my OSCE feedback which I am permitted to share with my employer, sponsor or educational supervisor. | | | | |  |
| 2 | That I will not share, or have shared, my log in details to any other party to give access to the LTHT OSCE Test Centre information that relates to the NMC’s Part 2 OSCE examination. | | | | |  |
| 3 | That I will not forward any examination material or information about the examination from the LTHT OSCE Test Centre to a third party. | | | | |  |
| 4 | That I will always act in a professional manner and seek advise from the Test Centre staff when on LTHT property, if a query arises. | | | | |  |
| 5 | That I am fit and well to undertake the OSCE and have declared (if appropriate) any request(s) for reasonable adjustment prior to my OSCE examination. (you must complete the COVID health declaration overleaf on the day of your examination) | | | | |  |
| 6 | That in the Assessment Station, if the patient is compromised this station can be stopped. | | | | |  |
| 7 | It is a contractual requirement with NMC that we retain all video and examination documentation for each candidate for a minimum of 7 years post examination. | | | | |  |
| **I declare that this information given is true and that I am willing to answer further questions if necessary.** | | | | | | |
| In order to quality assure OSCEs across the NMC Competence Test Centres in the UK, it is necessary to share OSCE data, including paperwork and video data associated with a candidate’s exam, with the other Competence Test Centres (XX and XX) for the purposes of moderation. This is done securely through OneDrive. Please sign, date and print your name below to consent to the sharing of your OSCE test data with other Centres for this purpose. | | | | | | |
| *Candidate*  *Signature* | |  | | *Date:* |  | |
| Please sign below if you agree that LTHT OSCE Test centre staff can contact your preparation training team to provide constructive feedback on your performance if you were unsuccessful in your OSCE. The purpose of the feedback is so that your OSCE preparation team can help you prepare for your resit. | | | | | | |
| *Candidate*  *Signature* | |  | | *Date:* |  | |

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| COVID Health Declaration:  Do you **currently** have any of the following symptoms? (circle your correct response)   * A new or persistent cough - **YES/NO** * A high temperature - **YES/NO** * Loss of taste - **YES/NO** * Loss of smell - **YES/NO** * Have you been informed that you are a close contact with someone who has tested positive for COVID in the last 10 days - **YES/NO** * Are you waiting on the results of a recent COVID test? - **YES/NO** | | | |
| *Candidate*  *Signature* |  | *Date:* |  |
| *Email Address (print):* |  | | |