

**Portfolio of clinical experience**

**Supervisor authentication of clinical experiences**

**undertaken on placement**

|  |  |
| --- | --- |
| Placement location |  |
| Placement dates |  |
| Trainee |  |
| Supervisor(s) |  |

I confirm that the details entered into the portfolio of clinical experience represent an accurate record

of the work undertaken by the trainee:

|  |  |  |
| --- | --- | --- |
|  | Signature of supervisor | Date |
| Log of clinical experiences:\* |  |  |
| observed work |  |  |
| joint work  |  |  |
| independent work |  |  |
| indirect and service level  |  |  |
| Portfolio of measure (PBE) |  |  |

|  |  |  |
| --- | --- | --- |
| Specific therapy competences:\*  |  |  |
| CBT |  |  |
| Psychodynamic |  |  |
| Systemic |  |  |

|  |  |  |
| --- | --- | --- |
| Psychological testing competences\* |  |  |

\* only sign for those areas of experience entered into the log

**Comment**

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|  |

**Please file this form on ETFS in the slot labelled “Supervisor Authentication of Clinical Experience form” for the relevant placement period**