 **DOCTORATE IN CLINICAL PSYCHOLOGY**

**Supervisor’s confirmation of clinical experiences undertaken on placement**

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| --- |
| Placement type: |

|  |  |
| --- | --- |
| Trainee Name |  |
| Placement Supervisor Details |  |

**I confirm that I have observed the clinical experiences and competencies detailed in the placement logbooks and agree the content.**

**Supervisor/s Signature:**

**Date:**