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| **Post Graduate Diploma in CBT**  **High Intensity IAPT Programme** | **Cnwl NHS Foundation Trust and Royal Holloway University of London** |

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| **Site Supervision End of Programme report** |

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| **Trainee Name:** |  |
| **Program Student Number:** |  |
| **Date Submitted:** |  |
| **IAPT Clinical Service Location** |  |
| **IAPT Service on-site supervisor:** |  |
| **IAPT Service on-site supervisor signature:** |  |
| **Date:** |  |

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| **BABCP Accreditation Status of onsite supervisor**: | | |
| **BABCP Accredited** | **Application submitted** | **Unaccredited** |

1. **Has the student has demonstrated the attainment of competencies necessary for the safe and independent practice (under supervision) of CBT?**

**Yes No**

1. **Supervisor’s evaluation of student’s progress in supervision over the past 12 months.**
2. **Areas of strength. (What is your assessment of areas within CBT, (specified for example on the CTS-R or the CBT competency framework, where the student has demonstrated competence?)**
3. **Areas to develop (What is your assessment of those competencies that the student needs to focus on improving over the coming 12 months? State any specific targets that could be set in this regard). What plans are in place to meet identified competence gaps?**
4. **Comments from Student on the above.**