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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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| **Training Supervision End of Programme report** |

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| **Trainee Name:** |  |
| **Program Student Number:** |  |
| **Date Submitted:** |  |
| **IAPT Clinical Service Location** |  |
| **Training supervisor:** |  |
| **Training Supervisor signature:** |  |
| **Date:** |  |

1. **Has the student 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.** 
   1. **Comments on Generic Therapy Skills (relationship/interpersonal skills)**
   2. **Comments on General CBT Skills (Structuring, agenda setting, managing sessions)**
   3. **Comments on Disorder Specific CBT Intervention Skills**
   4. **Comments on Metacompetencies**
2. **Training Plan. If the Trainee has not as yet developed the required competencies, what onward training plan has been agreed with the IAPT service Clinical Lead and Site Supervisor? Specify Time frame and supervision arrangements.**

**Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**