**UNIVERSITY OF EDINBURGH/NHS (SCOTLAND)** **CLINICAL PSYCHOLOGY TRAINING PROGRAMME**

**Approval of New Placement Supervisor**

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| --- | --- | --- | --- | --- | --- |
| **Section A: To be completed by Nominated Supervisor – *Please refer to the eligibility criteria in Appendix 2 of the NHS and Clinical Practice Placement Handbook before completing this form*** | | | | | |
| **CONTACT DETAILS:** | | | | | |
| **Name:** | | **Work Address:** | | | |
|  | |  | | | |
| **Contact Phone No:** | |
|  | |
| **Email Address:** | |
|  | |
| **Current Role:** | | | **Length of Time in Current Role\*:** | | |
|  | | |  | | |
| ***\*If you have been in your current role for fewer than 12 months, please specify your previous role and length of time in that role:*** | | | | | |
| **Within your current role, in which of the following areas will you be providing supervision?** | | | | | |
| **Please specify in which models you will be providing supervision (e.g. CBT, ACT etc.)**………………………………….. | | | | | |
| **Professional Qualification(s)** | **University** | | | **Date of Completion** | |
|  |  | | |  | |
|  |  | | |  | |
| **Details of any Professional Registration (eg Registering Body and Registration number):** | | | | **Date of Renewal** | |
|  | | | |  | |
| **Details of any Supervisor Training attended (including duration and presenters) :** | | | | **Date of Completion** | |
|  | | | |  | |
|  | | | |  | |
| **Declaration to be completed by Nominated Supervisor**  I agree that these details may be held electronically by the Programme and may be shared between the University of Edinburgh and University of Glasgow Programmes in the event that I may offer placements to both Programmes. | | | | | |
| **PLEASE CHECK THIS BOX TO CONFIRM THAT YOU HAVE COMPLETED THE ONLINE PAPERWORK AND PROCEDURES TRAINING:** | | | | | |
| **SIGNED (Nominated Supervisor):** | | | | | **DATE:** |

|  |  |  |
| --- | --- | --- |
| **Section B: To be completed by Professional Lead or Line Manager, whoever is best placed** | | |
| **CONTACT DETAILS:** | | |
| **Name:** | **Work Address:** | |
|  |  | |
| **Contact Phone No:** |
|  |
| **Email Address:** |
|  |
| **DECLARATION** (TO BE COMPLETED BY PROFESSIONAL LEAD / LINE MANAGER):   * **I am pleased to nominate the above supervisor for approval as a clinical supervisor for the Clinical Psychology Training Programme.** * **I confirm that the details listed above regarding their qualifications, professional registration and supervisor training are correct.** * **I agree to support this supervisor’s attendance at training events, deemed necessary by the Programme.** | | |
| **SIGNED (Professional Lead/Line Manager):** | | **DATE:** |

**UNIVERSITY OF EDINBURGH/NHS (SCOTLAND)** **CLINICAL PSYCHOLOGY TRAINING PROGRAMME**

**Approval of New Placement Supervisor requiring Supervision**

***Please refer to the eligibility criteria in Appendix 2 of the NHS and Clinical Practice Placement Handbook before completing this section***

Section C only needs to be completed if the new supervisor has less than two years’ post-qualification experience.

Such supervisors will need to receive “Supervision of supervision” from a Clinical Psychologist or other Applied Psychologist with two or more years’ post-qualification experience in the relevant service area and competences and with experience of supervising clinical psychology trainees.  This arrangement will last until the supervisor has an additional year of post-qualification experience.

|  |  |  |
| --- | --- | --- |
| **SECTION C: Details of the Supervisor providing “Supervision of Supervision”** | | |
| **CONTACT DETAILS:** | | |
| **Name:** | **Work Address:** | |
|  |  | |
| **Contact Phone No:** |
|  |
| **Email Address:** |
|  |
| **SIGNED ( Supervisor providing “Supervision of Supervision”):** | | **DATE:** |

|  |  |
| --- | --- |
| **DECLARATION** (TO BE COMPLETED BY PROFESSIONAL LEAD / LINE MANAGER):I am pleased to confirm that the above supervisor will provide supervision support for : | |
| **Name of Nominated Supervisor (who will receive supervision of their supervision):** | |
|  | |
| **Comments:** | |
|  | |
| **SIGNED (Professional Lead/Line Manager):** | **DATE:** |

***Please return forms to: Adam Conlin at*** [***clinical.tutor.admin@ed.ac.uk***](mailto:clinical.tutor.admin@ed.ac.uk) ***and send a copy to the Local Tutor in your Board***