

**SUPERVISOR DECLARATION**

**Direct Assessment of Clinical Skills-Placement Portfolio - Assessment and Action Plan (DACS-PP-AAP)**

**Title of AAP:**

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|  |  |
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| **Trainee Name** |  |
| **Year of cohort** |  |

*I confirm that the clinical material which this AAP is based on is an accurate and true reflection of the clinical material the trainee collated whilst on placement. Appropriate consent has been sought for the use of this material as part of the DACS-PP-AAP process.*

**SUPERVISOR NAME:**

**DATE:**