

**SUPERVISOR DECLARATION**

**Direct Assessment of Clinical Skills Placement Portfolio (DACS-PP)**

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| --- | --- |
| **Trainee Name** |  |
| **Year of cohort** |  |
| **Placement** |  |

**I confirm that to the best of my knowledge the trainee named above has sought appropriate and informed consent from the people they have approached (clients/family members/carers/colleagues) to be allowed to use their material for the DACS-PP process as set out below:**

**Assessment and Action Plan (DACS-PP-AAP)**

**Please enter the number (i.e. AAP 1 / AAP 2) and descriptive title of the Assessment and Action Plan into the table below which you are signing off for:**

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| --- |
| **E.g. AAP 1: Using CBT with a 12 year old boy to overcome anxieties about attending school** |
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**Clinical Recording (DACS-PP-CR)**

**Please enter a brief description (which would be used as the title for the Clinical Recording Report if the recording is later submitted for assessment) of the Clinical Recording you are signing off for (please add a title per client for which a recording is being retained for possible submission):**

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| **E.g. CR 2: Applying the principles of ACT with a 64 year old man presenting with severe sleep disruption** |
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|  |

*When sent from my secure work e-mail account please accept this as my electronic signature.[[1]](#footnote-1)*

**SUPERVISOR NAME:**

**DATE:**

1. Please return form to [j.whitfield@lancaster.ac.uk](mailto:j.whitfield@lancaster.ac.uk) [↑](#footnote-ref-1)