

**SUPERVISOR DECLARATION**

**Placement Assignment: Live Skills (PALS)**

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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 PALS. I understand that, when sent from my secure work e-mail account, this form will be treated as an electronic signature.**

**Please indicate which assignment this work will be submitted for:**

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| **PALS 1** | **PALS 2** | **PALS 3** |
|  |  |  |

**Please provide a descriptive title for the piece of work you are signing off for:**

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| **E.g. PALS 1: Using CBT with a 12 year old boy to overcome anxieties about attending school** |
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| --- | --- |
| **SUPERVISOR NAME** |  |
| **DATE** |  |

Please return this form to j.whitfield@lancaster.ac.uk