**Logo

Description automatically generated**

Name:

UKCP Adult Psychotherapist

Portfolio Submission Logbook

[1. Declaration 2](#_Toc143254454)

[2. Curriculum Vitae 3](#_Toc143254455)

[3. Log 4](#_Toc143254456)

[a) Transactional Analysis Training 4](#_Toc143254457)

[i. Core TA Psychotherapy Training 4](#_Toc143254458)

[ii. Additional TA Training 4](#_Toc143254459)

[b) Related Psychological Training 5](#_Toc143254460)

[c) Personal Therapy Hours 5](#_Toc143254461)

[d) Practice Hours 6](#_Toc143254462)

[e) Supervision Hours 7](#_Toc143254463)

[f) Ratio of practice hours to supervision 8](#_Toc143254464)

[4. Written Exam Certificate and Feedback 9](#_Toc143254465)

[5. Oral Examination Certificate and Feedback 10](#_Toc143254466)

[6. Supervisor’s Letter of Recommendation 11](#_Toc143254467)

[7. Mental Health Familiarisation Report 12](#_Toc143254468)

# Declaration form for UKATA UKCP Adult Psychotherapist Registration

I confirm that I have worked with the following candidate in the completion of this portfolio submission:

…………………………………………………………………………………….. (insert candidate’s name)

In signing this document, I am confirming that:

1. I have worked with the candidate in a supervisory capacity for a minimum of 40 hours
2. I am satisfied the candidate has worked with at least two clients in a long-term capacity and has worked from beginning to end with at least one longer-term client.
3. I have seen and assessed as accurate all relevant documentation (CPD certificates, therapist hours, etc.) for the purposes of this candidate's UKCP Registration.
4. I have read and signed off the candidate’s Mental Health Familiarisation report as accurate
5. I have written a letter endorsing competence and support of their UKCP registration (section 6)

|  |  |
| --- | --- |
| Supervisor’s Name: | ………………………………………………………………………………………………… |
| Supervisor’s Signature: | ………………………………………………………………………………………………… |
| Signature Date: | ………………………………………………………………………………………………… |

# Curriculum Vitae

# Log

## Transactional Analysis Training

### Core TA Psychotherapy Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) mm/yy to mm/yy** | **Location/Lead Facilitator (s)** | **Title of Training (e.g. Yr 1 Foundation)** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | **Total** |  |

### Additional TA Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) mm/yy to mm/yy** | **Location/Lead Facilitator (s)** | **Title** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | **Total** |  |

## Related Psychological Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) mm/yy to mm/yy** | **Location/Lead Facilitator (s)** | **Title** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Personal Therapy Hours

(UKCP Registered Therapist or equivalent)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) mm/yy to mm/yy** | **Therapist Name** | **Individual** | **Group** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Practice Hours

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date(s)**  **mm/yy to mm/yy** | **Setting 1** |  | **Setting 2** |  | **Setting 3** |  | **Setting 4** |  | **Hours Total** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Name |  | Name | | Name | | Name | |  |  |
|  | Place | | Place |  | Place | | Place | |  |  |
|  | Address | | Address |  | Address |  | Address |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Individual** | **Couple/**  **Group** | **Individual** | **Couple/**  **Group** | **Individual** | **Couple/**  **Group** | **Individual** | **Couple/**  **Group** | **Individual** | **Couple/**  **Group** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Sum |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

## Supervision Hours

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date(s)**  **mm/yy to mm/yy** | **TA** | | | | **Non-TA** | | | |
|  | **Individual** | | **Group** | | **Individual** | | **Group** | |
|  | Supervisor Name | Hours | Supervisor Name | Hours | Supervisor Name | Hours | Supervisor Name | Hours |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Sum |  |  |  |  |  |  |  |  |
| **Total** |  | |  | |  | |  | |

## Ratio of practice hours to supervision

|  |  |
| --- | --- |
| **Year** | **Ratio** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Written Exam Certificate and Feedback

# Oral Examination Certificate and Feedback

# Supervisor’s Letter of Recommendation

# Mental Health Familiarisation Report