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Name:

UKCP Adult Psychotherapist

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# 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** |
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|  | **Total** |  |

###  Additional TA Training

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

## Related Psychological Training

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

(UKCP Registered Therapist or equivalent)

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| **Date(s) mm/yy to mm/yy** | **Therapist Name** | **Individual** | **Group** |
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## Practice Hours

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
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| 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 |
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| Sum |  |  |  |  |  |  |  |  |
| **Total** |   |  |  |  |

## Ratio of practice hours to supervision

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| --- | --- |
| **Year** | **Ratio** |
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# Written Exam Certificate and Feedback

# Oral Examination Certificate and Feedback

# Supervisor’s Letter of Recommendation

# Mental Health Familiarisation Report