**University College Cork**

**Doctor of Clinical Psychology**

**Placement Description and Plan**

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| **Supervisor** |  |

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| **Trainee** |  |

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| **Placement Number / Type** |  |

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| --- | --- |
| **Location** |  |

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| --- | --- |
| **Dates *(From – To; Planned Leave)*** |  |

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| --- | --- |
| **Days of week on placement** |  |

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| **Placement Experiences** |
| **Clinical Presentations *(adult / child etc.; types of presentations or difficulties; caseload)*** |
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| **Primary Therapeutic Model** | **Secondary Therapeutic Model** |
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| **Modes of working *(direct / indirect; individual – couple – group; multidisciplinary)*** |
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| **Service Delivery Systems (primary / secondary / in-patient / community etc.)** |
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| **Psychometric Assessment**  |
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| **Research *(service-related / audit / other)*** |
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| **Teaching / Training / Supervision / Consultancy** |
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| **Other Experiences *(e.g. inter-professional working, consultancy, inter-agency liaison, advocacy and influence, organisational initiatives and interventions)*** |
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| **Supervision and Training Plan** |
| **Supervision schedule *(formal and ad hoc)*** |
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| **Mutual observation plan *(direct / joint working / recorded etc.)***  |
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| **Supervision model / style / expectations / framework** |
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| **Trainee Goals / specific targets / requirements *(also refer to previous end placement form)*** |
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| **Reading / Knowledge Base to Inform Placement** |
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| **Arrangements for Consent** |
| Service users, where possible, should be aware they are being seen by a trainee and give consent to this and its implications (case discussion with supervisor etc). Arrangements in organisations differ but, at a minimum, verbal consent should be obtained from clients and a note made in client’s records. Written consent should be obtained when using client material for university work e.g. a case study. If the arrangements for obtaining consent from clients to be seen by a trainee are different from above, please outline**:** |

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| **Checks** |
| **All relevant organisational policies reviewed (e.g. Health and Safety, Equality and Diversity etc.)** | Yes / No |
| **Mid-Placement meeting Date** |  |
| **Supervisor’s Signature / Date** |  |
| **Trainee Signature / Date** |  |
| **Course Tutor Signature / Date** |  |