*Clinical Services Declaration*

*of Current Employment*

**Please complete the form below with details about your current employment**

This form is for trainees who have declared that they are working at a school or an organisation in a therapeutic capacity and will not require a Terapia School Services placement at this time. (Trainees should be aware that if they are currently working with one age group only then they may require a Terapia Placement in the future).

This form is designed to give Terapia Training Team information about this employment and to establish whether the hours accrued in this employment will count towards the Trainee’s clinical hours. Trainees may still need a Terapia School Services placement if their current work does not cover the age ranges, they are required to have. Only hours accrued whilst on Training and supervised by a Terapia Training Supervisor can be counted.

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| --- | --- |
| **Date of Form Completion** |  |

 (Please print clearly and complete all pages)

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| --- |
| Personal Information |
| First Name: |  |
| Surname: |  |
| Module: |  |
| Email: |  |

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| --- |
| Employment Information |
| Name of Employer: |  |
| Address: |  |
| Job Title: |  |
| Number of Clients per week: |  |
| Age range of Clients:  |  |
| Name of Line Manager/Individual you report to: |  |
| Email of Line Manager/Individual you report to: |  |
| Please Provide a brief description of your duties: |  |

*Supervision at Terapia*

Trainees in a School Placement are required to have supervision with their Terapia Training Supervisor.

For the first 150 Clinical hours Terapia Trainees should be having 1 supervision session for every 4 client hours.

After 150 hours this will change to 1 supervision session for every six client hours.

If a Trainee is in employment and the hours from this employment are judged to be appropriate to be used as clinical hours, then this supervision is still required regardless of supervisory arrangements at work. The Trainee is also liable to pay for their supervision.

If a Trainee is in a Terapia School Services placement, then they are entitled to one individual supervision session per month to be paid for by Terapia.

If you have any questions about this form or any of the information provided here, please contact your Supervisor or the Training Team via: courseteam@terpia.co.uk

**Please sign below and return this form, along with your contract of employment which this form pertains to:**courseteam@terpia.co.uk

*I confirm that the above information is correct, and I understand that I may be asked to undertake a Terapia placement to fulfil my clinical hours to meet course requirements.*

*Signature of Trainee Printed name in full*

*…………………………………… ………………………………………………..*

*Date*

*……………………………………*