**Cover Sheet for Submission of Formative / Summative Clinical Skills Competency Assessment Recording**

**Formative / Summative (circle)**

**Module 2 3 (circle)**

Name:

Date:

Session number:

Client’s Goal(s)

Identified Problem(s):

Are there any particular areas you would like feedback on?

*“I certify that I have conducted this clinical work in line with appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP Standards of Conduct, Performance and Ethics] and/or workplace Policies, which have been strictly adhered to in terms of making the recording and seeking permission for use. A signed consent form is attached to demonstrate that the client has understood the reasons for and manner of this recording.”*

*Signed: …………………………………………. Trainee Name:*

**Please attach reflective commentary, client consent form and video recording.**