# Improving Access to Psychological Therapies

PGDip Psychological Therapies Practice (Children, Young People & Families)

# FRONT SHEET

This e-form must be completed and uploaded online (via the Turnitin submission portal on ELE) on or before the deadline for the assessment.

NAME:

ID NUMBER:

MODULE NUMBER:

MODULE TITLE:

ESSAY/ASSIGNMENT TITLE:

DEADLINE DATE:

WORD COUNT:

“I confirm the child/young person who is the subject of the assessment/intervention has a diagnosis/suspected diagnosis of ASD/LD”

Signed

“I certify that all material in this assignment/assessment which is not my own work has been identified and properly attributed. I have conducted the work in line with the appropriate professional practice guidelines.”

Signed

*“I confirm that the client has given consent for their clinical presentation to be used as part of this case report and that all names and identifying information has been changed to protect confidentiality.”*

Signed

*“I certify that the work reported in this assessment took place as described”*

Supervisor’s Signature (if applicable)