UNIVERSITY OF SOUTHAMPTON
DOCTORATE IN CLINICAL PSYCHOLOGY

TRAINING COURSE IN CLINICAL PSYCHOLOGY

CLINICAL CONTACT LOG

TRAINEE NAME …… **Placement ……..**

Please enter a summary of work undertaken at the end of each episode of care.

Setting	Presenting Problems	Sex M/F	Age Please T appropriate box					Intervention e.g assessment therapy & orientation group work consultation etc	Direct/ Indirect Work		Contact Hours	Diversity - sexuality - disability - race/culture
			0-5	5-16	16-21	21-65	65+		D	I		

Supervisor's Signature:

CLINICAL CONTACT LOG/Continuation Sheet **TRAINEE NAME**

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