SUPERVISORS (digital signatures accepted)

Letter from Primary Training Supervisor

Dear Training and Credentials Committee,

Candidate's Name:	
Subject Name:	
Training Commencement Date:	
Primary Supervisor Name & Qualifications:	
Primary Supervisor Title or Role Descriptor:	
Primary Supervisor Email Address:	
Training Facility Name:	
Training Facility Address:	

This letter is to certify that I have agreed to the role of Primary Supervisor for the above-mentioned Candidate for the Fellowship Training Program in the above subject, commencing on the above date.

The above-mentioned Candidate will:

- be active in training for at least _____ hours per week, and
- interact directly with me for approximately _____ hours per week.

I agree to take overall responsibility of the Candidate's training and mentorship as required, including times when the Secondary Supervisor is providing the required 25 hours per week of directly supervised training for periods of more than one week in my absence.

I am also the Primary Supervisor for [*insert number (no more than 1 other)*] _____ other Candidate and the Secondary Supervisor for [*insert number (up to 4)*] _____ Candidates in any training program. I am Supervisor for [*insert number*] _____ European college and /or American college candidate/s and/or [*insert number*] _____ of other clinical training positions (please specify the nature of any such positions) during the course of the above-mentioned Candidate's Training Program.

Yours sincerely,

Primary Supervisor's Signature: _____**Date:** _____

This section to be signed and dated by both the Primary Supervisor and the Candidate

AGREEMENT:

This is an agreement between the Candidate and the Primary Supervisor that a meeting will be held annually to evaluate the Candidate's progress. The meeting will include the Primary and Secondary Supervisors as well as the Candidate and will lead to production of a written Annual Supervisor Report for the Candidate. The report will be completed and submitted to the College prior to 31 July each year throughout the Candidate's Training Program.

Candidate's Signature: _____**Date**: _____

Primary Supervisor's Signature: _____**Date**: _____

 Published 14 January 2025