Therapeutic Life Story Work International

TLSWi Confirmation / Evidence of Supervision Hours

This declaration must be completed and signed by the Student Supervisee and countersigned by the TLSWi Supervisor or Local Authority Manager Supervising Student’s TLSW.

Student Supervisee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TLSW Supervisor’s/ LA Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Supervisee’s statement of supervision

Total TLSW Practice Hours \_\_\_\_\_\_ Total Supervision Hours \_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s confirmation of Student’s Supervision**

I confirm that the above Student Supervisee attended supervision with me on the following dates: (If group supervision, please state the number in group)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Supervision | Length of session | 1:1 / Number in group | Child/YP REF ID | Date of TLSW Sessions | Total TLSW Sessions |
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**Does my TLSW Supervisor / LA Manager feel I’m ready to do my VIVA? No\_\_\_\_ Yes \_\_\_\_\_**

**Has my TLSW Supervisor / LA Manager had sight of my 500-word Supervision Reflection**

**No\_\_\_\_ Yes \_\_\_\_\_**

Signed by Student Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signed by TLSW Supervisor/ LA Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note to supervisor – please return this form with your signature to admin@tlswi.com