

Approved Clinician Preparation

Individual Testimony of Demonstration of Competencies

1. Applicant's name, designation and work base
2. Competency number¹ and brief description
3. Date(s) and description of how the competency has been demonstrated²
4. Testimony of demonstration of competency

I can confirm that I have observed the above named carrying out the duties described in section 3 above, and that in doing so, sound decision making abilities were employed using appropriate and good clinical judgment and risk assessment skills.³

5. Further comments (as required):

Name of Mentor/Supervisor (print):	Signature:
Designation:	Approved Clinician? Y/N

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1. For a full description of the competencies see **Secretary of State's Instructions: Schedule 2 – Relevant Competencies**
 2. Where key decisions reserved for the RC are demonstrated, these should be specified, eg Renewal or Discharge from Section; granting of S17 leave; Application for CTO.
 3. Although the Applicant may not be able to actually implement a decision, being not Approved, their capability to do so may be inferred from reflective practice under supervision.