

Title page clinical case reports

Written in the context of Psychodiagnostics and/or evaluation psychological treatments*

Name student (= supervisee):

ID number supervisee:

Name internship institution:

Name supervisor at the internship institution – according to internship contract:

.....

Name supervisor Psychodiagnostics / psychological treatments:

Relevant registrations: Basic psychologist / Healthcare psychologist / Clinical (Neuro-) psychologist*

(the supervisor Psychodiagnostics/psychological treatments can be a different person than the supervisor listed on the internship contract; also, several supervisors may be involved in writing the case reports; please list all supervisors and their registrations)

Period clinical internship: from..... until

The case reports are written in the context of obtaining a Master's degree in (please give the name of the relevant Master specialisation) / as 'onderwijscontractant'*

Signing this title page by supervisee and supervisor(s) Psychodiagnostics /psychological treatments means that:

- The supervisee wrote the three case reports (under supervision);
- The three case reports are not based on fictitious persons;
- The supervisor judges that all three case reports are of sufficient quality;
- At the moment of signing this title page the case reports are not older than 2 years;
- The supervisee will not distribute/sell (parts of) the case reports amongst/to others.

Signature supervisor(s)

.....

Signature supervisee

.....

Place and date:

.....

Place and date:

.....

* Indicate as applicable