**Appendix 2**

**Supervision record sheet**

Name of trainee:

Name of supervisor:

Name of training centre lead:

Supervisors – please share this record with the local training lead at least after the completion of each MBCT group and if there are any concerns, then as soon as they arise.

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| --- | --- | --- | --- | --- | --- |
| # | Dates of supervision | 1:1 or 1:2 | Viewed recorded sessions? Y/N | Comments/concerns | Notified site lead? |
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| Overall brief comments on trainee after teaching first MBCT group (including strengths, areas for further development and recommendations) |
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| Overall brief comments on trainee after teaching second MBCT group (including strengths, areas for further development and recommendations) |
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