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| ***Trainee:*** |  | | | | ***Module:*** | **Child & Adolescent Psychiatry** | | |
| ***Start date of module:*** | |  | ***End date of module:*** | | | | |  |
|  | | dd/mm/yy | |  | | | dd/mm/yy | |

*This form should be completed at the end of the module, kept by the DBP Programme Director, and submitted for review when the trainee applies for exit assessment.*

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| Comments / counselling: |  |
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| ***DBP Programme Director:*** |  |  |  |  |  |
|  | (Name in block letters) |  | (Signature) |  | (Date) |