# MA ART PSYCHOTHERAPY PRACTICE

**Student’s Declaration of Fitness to Practice**

* I confirm that I am fit and able to practise as a **Trainee Art Psychotherapist**.
* Should there be any on-going issues or issues arising that might impact my ability to function personally or professionally in this role, I agree to inform the relevant people as soon as possible, such as my course tutors and placement supervisor.
* I will also seek support to formulate an appropriate action plan to protect my health and wellbeing going forward. This is to enable me to return to safe practise as soon as possible.

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| Student’s Signature: |  | Date: |  |

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| Student’s name (printed): |  |