

## **INTERNSHIP INFORMATION SHEET**

**(To be submitted to college for approval)**

**Name of the Student:** Vidhya Singh.L

**Class and Register No of the student:** 4MPC- PC190046

**Name of the college supervisor:** Dr. Nethravathi and Mrs.Anurekha.

**Name of the Organization interning:** Mindyog

**Name of the Onsite Supervisor:** Shweta Gangopadhyay

**Address of the Organization:** Signet Tower, 9<sup>th</sup> floor, DN-2, DN Block, Sector V, Salt Lake City, Kolkata-700091, West Bengal

**Designation of the onsite supervisor:** Clinical psychologist and Hypnotherapist.

**Phone/Email of the supervisor:** - shwetagangopadhyaycp@gmail.com

### **Contact Details of the organization:**

**Website:** <https://www.mindyog.com/>

**Email id:** info@mindyog.com

**Office Phone Number:** 8777456564

**Internship starting date and ending date:** June 7th- July 15th.

**No of days of the week/hours you will be interning:** 6 days a week

### **Nature of work that you will be undertaking:**

- General introduction to counselling- including an outline of different psycho-therapeutic perspectives and counselling approaches, the importance of counselling, types of counselling etc.
- Shadow Counselling
- Case history taking, including MSE which is to assess the mental state and behaviour of the person being seen.
- Psychological test administration & interpretation.
- Report writing - documentation that contains the results of the testing and summary.
- Case history sessions from patients.

### **Any other information for college supervisor's reference:**

The criteria of Shadow counseling will be considered only if the client give consent for the interns to be within the session along with the counselor and if there are no language barriers (Client's language that is unknown to the intern).

**Date:** 08-06-2021

**Signature of the Student-** Vidhya Singh.L