

## Supplementary Material 7: Mentoring record form

| FRESH Peer/ Mentor Support Form              |  |  |  |
|--|--|--|--|
| <b>Therapist Name:</b>                       |  | <b>Date:</b>   |  |
| <b>Mentor Name:</b>                          |  | <b>Time spent:</b>   |  |
| <b>Method used</b> <small>(delete):</small>  |  |  |  |
| <b>Organisation</b> <small>(delete):</small> |  |  |  |
| Topic/issue notes                            |  | Agreed Action (if applicable) notes (action by whom and date required) |  |
| Recruitment                                  |  |  |  |
| Research Documentation                       |  |  |  |
| Research process/Implementation              |  |  |  |
| ESTVR intervention/ Client-related           |  |  |  |
| Other including serious adverse events       |  |  |  |
| <b>Agreed as correct content.</b>            |  | <b>Next session date and method:</b>                                   |  |