**PC-L5 Personal Counselling Record**

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| --- |
| **Counsellor/therapist details:** |
| Name: |
| Address: |

I certify that (trainee) …………………………………………………………………………………………………………………..

has engaged in………………………………. hours of personal counselling during the course between the

following dates…………………………and………………………………..

Signed: …………………………………………………………………………… Date: …………………………………….