TC-L4 - Personal Therapy Record

Counsellor/Therapist Details:

Name:

Addre	SS	:
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I certify that (trainee's name)

has engaged in hours of in-person personal counselling during the Diploma course between the following datesand

has engaged in hours of online/telephone personal counselling during Diploma the Diploma course between the following datesand

Signed:

Date:

Qualifications that change lives

