## **TC-L4 - Personal Therapy Record**

## **Counsellor/Therapist Details:**

Name:

Addre	SS	:
-------	----	---

I certify that (trainee's name) .....

has engaged in ...... hours of in-person personal counselling during the Diploma course between the following dates ......and .....

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

Signed:

Date:

Qualifications that change lives

