**TC-L4 - Personal Therapy Record**

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| --- |
| **Counsellor/Therapist Details:** |
| Name: |
| Address: |

**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: