Workplacve

**TCSU-L6 Workplace/Agency Report**

Trainee Supervisor’s name:

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| --- | --- |
| **Proficiency statement. Please comment on the following:** | **Learning outcomes / criteria** |
| The supervisor’s ability to work within a professional framework for counselling supervision |  |
| The supervisor’s ability to support supervisee to work within a professional framework |  |
| Supervisor’s ability to support supervisee to manage risk assessment and referral where appropriate |  |
| Supervisor’s ability to support supervisee to manage personal well-being, professional functioning and professional development |  |
| Supervisor’s ability to support supervisee in evaluating their counselling practice |  |
| Any other comments: |  |

Workplace/agency manager name: Date:

Workplace/agency manager signature:

Trainee Supervisor signature: