Client Contact Log

Record of the Number of Hours of Counselling with Clients

01/07/20__ to 30/06/20__

Name of Counsellor: _____

Date of Client Session	Length of Session (minutes)	Client Reference ID
Total		

Supervisor Declaration: I declare that, to my knowledge, this log is an accurate record of the counselling provided by this Counsellor:

Supervisor Name: _____

Supervisor Signature _____ **Date:** _____