

Supervision Log

Record of the Number of Hours of Counselling Supervision

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

Name of Counsellor:	
Supervisor Name:	
Address:	
Phone:	

Supervisor Declaration

- I am currently a member of a counselling or relevant professional association
- I have practiced counselling for a minimum of 5 years
- I can provide evidence of a minimum of 750 hours of post training client contact
- I can provide evidence of a minimum of 75 hours of related post training supervision
- I have professional indemnity insurance which includes cover for supervision

Date	Length of Session (minutes)	Group (Max. 6)	Individual	No. of client hours since previous supervision session
Total				

The details on this page give an accurate description of our supervision arrangement.

Signature of Supervisor: _____ **Date:** _____