**Student Client Contact Log**

A Record of Client Counselling Sessions

(a total of 40 hours minimum linked to 10 hours of clinical supervision)

**Note**:

* In addition to this log form, please submit verification of your client sessions. Verification can be provided via email confirmation, client consent forms and/or a letter from your supervisor or host organisation.
* If you have worked with the same client over a period of time, you can write one entry specifying the period of time (date range) that you worked together, the total number of sessions given during that time and provide one form of verification.

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| --- | --- | --- | --- | --- |
| Date or  Date range | Client | In person/Online | Total no.  of Sessions | Client, Supervisor or Host Organisation Verification |
| *e.g. 01/01/2023 - 01/02/2023* | *J. Smith* | *In-person* | *2* | *See email dated 05/06/2022* |
| *e.g. 10/02/2023 -*  *30/03/2023* | *R. Jaden* | *Online* | *4* | *See client consent forms* |
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| Student Name: .................................................... Signature:........................................................  Date:.................................................................... | | | | |