**CYP-L5 Personal Counselling Record**

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| **Counsellor/therapist details:** |
| Name of counsellor: |
| Address: |

I certify that (trainee) ……………………………………………………………………………………………………………………….……..

has engaged in …………………………………... hours of personal counselling during the course between the

following dates ………………………… and ………………………………..

Signed: …………………………………………………………………………… Date: ……………………………………….