TC-L4 - Personal Therapy Record

Address: Certify that (trainee's name)	Counsellor/1	Therapist Details:
I certify that (trainee's name)	Name:	
I certify that (trainee's name)		
I certify that (trainee's name)		
I certify that (trainee's name)		
has engaged inhours of in-person personal counselling during the Diploma course between the following datesandand	Address:	
has engaged inhours of in-person personal counselling during the Diploma course between the following datesandand		
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between the following dates	I certify that (trainee's name)
has engaged inbours of online/telephone personal counselling during Diploma the Diploma course between the following datesandandand	has engaged i	nhours of in-person personal counselling during the Diploma course
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