**Student Clinical Supervision Log**

A Record of Student Clinical Supervision Sessions

(a total of 10 hours minimum linked to 40 client contact hours)

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| --- | --- |
| **Details** | |
| Student Name |  |
| Course & Cohort |  |
| Reporting Period |  |
| Total Client Contact Hours in reporting period |  |

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| --- | --- | --- | --- |
| **Host Organisation/External Supervisor Details** | | | |
| Name |  | | |
| Contact |  | | |
| Host Organisation/Private Practice address |  | | |
| Qualifications |  | | |
| Professional membership |  | | |
| Phone no. |  | Email |  |

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| --- | --- | --- | --- |
| Date | Clinical Supervision Category  (Metavision Institute, Host Organisation, External Supervisor) | In person/Online | Duration  (total time in hours) |
| e.g. 17/08/2022 | Metavision Institute | Online | 2 hours |
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| **Total Supervision Hours:** | | | |
| Student Name: .................................................... Signature:........................................................  Date:.................................................................... | | | |
| Supervisor Name: .................................................... Signature:........................................................  Date:.................................................................... | | | |