**Student Personal Therapy Log**

For Graduate Diploma of Counselling (Holistic Practice) and

Graduate Diploma of Counselling (Holistic Practice) and STP

**Note**:

* In addition to this log form, please submit verification of your client sessions. Verification can be provided by providing your therapist’s signature below or by attaching email confirmation as a screenshot and/or invoices to your log.
* If you have worked with the same therapist over a period of time, you can provide a single piece of verification confirming all sessions.

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| **Session Details** | **Therapist Details** | **Verification** |
| Date  | Sessions | Therapist Name | Practice Name | Contact Details(tel/email) | Therapist signature, email verificationor invoice |
| *e.g. 10/04/2023* | *1* | *Dr. Ray Tide*  | *Deep Well*  | *ray@deepwell.com* | *See invoice uploaded* |
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