**Student Client Contact Log**

A Record of Client Counselling Sessions

For the Graduate Diploma of Counselling (Holistic Practice) and

Master of Counselling and Psychotherapy (Holistic Practice)

**Note**:

* In addition to this log form, please submit verification of each of your client sessions. If you have worked with a client over a period of time, they may sign one page with the times and dates listed.
* Verification can be provided via email confirmation (please take a screenshot to upload it as a document), client consent forms and/or a letter from your supervisor or host organisation.

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