**Student Clinical Supervision Log**

A Record of Student Clinical Supervision Sessions

For Graduate Diploma of Counselling (Holistic Practice) and

Master of Counselling and Psychotherapy (Holistic Practice)

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| **Details** | |
| Students Full Name |  |
| Course & Cohort |  |
| Reporting Period |  |
| Total Client Contact Hours in the 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:.................................................................... | | | |