

Counselling Placement and Supervision 1&2
Group Clinical Supervision Statement
 Bachelor of Applied Social Science (Counselling)

STUDENT DETAILS	
Date:	
Student name:	
Student number:	
Unit :	Counselling Placement and Supervision 1 &2
CLINICAL SUPERVISION DETAILS	
Name of clinical supervisor:	
Total Hours of Group Clinical Supervision attended throughout CPS 1 & 2: (Group of 6 or less - 2 hours per session)	
Date Supervision was completed:	

Clinical supervisor's signature

Date

X SIGN HERE	D D / M M / Y Y Y Y
---	---