

# Christian Counsellors Association of Australia Incorporated

*Counselling Log*

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| --- | --- | --- | --- |
| Name: |  | Month/Year: |  |
| Face to Face, phone, couple, family, individual | Date | Time spent with client | Preparation time | Writing up & follow up | Other related activities |
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| **Total monthly hours:** |       |       |       |       |
| **Total accumulated hours:** |  |  |  |  |

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counsellor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:  \_\_/\_\_/\_\_  Date:  \_\_/\_\_/\_\_