



Pre-Qualification Structured Learning Record

Name													(IN BLOCK LETTERS)
Professional Group													
Pathway													
Supervisor Signature													
Counsellor Signature													
Please state number of hour	s speni	t in tota	al on ea	ach PQ	SL act	ivity wi	thin ea	ch 12 ı	month	period	of prof	ession	al training.
Pre-Qualification Structure Please record the number of			e of PQ	SL									
Type of PQSL Activity				Total of Hours									