



Assessment of Professional Competence

Record of Progress (Achievement Record)

Candidate's Name
Date of Registration for APC Pathway
APC Pathway
Professional Group
Supervisor's Name
Counsellor's Name
Supervisor's and Counsellor's Declaration
We confirm that the candidate has undertaken the monitored training period and has achieved the minimum competency requirements of the APC
Interim Submission
Supervisor's Name
Counsellor's Name
Final Submission
Supervisor's Name
Counsellor's Name

The Mandatory Competencies

(Note: If completing a competency to Level 3, Levels 1 and 2 should also be signed off)

Level	Supervisor Signature:	Counsellor Signature:
1		
2		
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Technical Competencies – Core and Optional

(Note: If completing a competency to Level 3, Levels 1 and 2 should also be signed off)

Code	Title	Level	Supervisor Signature:	Counsellor Signature:
		1		
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	3			
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		1		
		2		
		3		