 

Logbook

Please note that the logbook entries should be recorded in days and not hours.

Name (BLOCK LETTERS)

Professional Group

Pathway

Supervisor's Signature

Counsellor's Signature

(Please state the number of days spent in total on each Core and Optional APC Competency within each 12 month period of professional training)

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| **Competency Title and Number** | **Month** | **Total Days** |
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