 

Pre-Qualification Structured Learning Record

Name (IN BLOCK LETTERS)

Professional Group

Pathway

Supervisor Signature

Counsellor Signature

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| Please state number of hours spent in total on each PQSL activity within each 12 month period of professional training. |
| Pre-Qualification Structured LearningPlease record the number of hours and type of PQSL |
| Type of PQSL Activity | Month | Total of Hours |
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