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# 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)

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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)

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