

Assessment of Professional Competence

Candidate's Diary and Logbook

Candidate's Name _____

Date of Registration _____

Professional Group _____

Supervisor's Name _____

Counsellor's Name _____

Supervisor's and Counsellor's Declaration

We confirm that the entries in this diary and logbook are an accurate record of the candidate's work

Interim Submission

Supervisor's Signature: _____ Date _____

Counsellor's Signature: _____ Date _____

Final Submission

Supervisor's Signature: _____ Date _____

Counsellor's Signature: _____ Date _____

