

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 _____

