

**NAME OF TRAINEE:** \_\_\_\_\_

 This form can be accessed from [www.psychology.murdoch.edu.au/forms.html](http://www.psychology.murdoch.edu.au/forms.html)

COUNSELLING CLIENT RELATED ACTIVITIES		OTHER DUTIES: Meetings, Research, Preparation, Case Notes etc		SUPERVISION	PERSONAL COUNSELLING	
Details	Date & Time	Details	Date & Time	Date & Time	Details	Date & Time
<b>TOTAL</b>						

**Signed:** \_\_\_\_\_  
 (Supervisee)

 \_\_\_\_\_  
 (Supervisor)