

## APCP Counsellors – Clinical Practice Log

### Information

*A record of your clinical practice must be forwarded with your application form when applying to APCP for accreditation purposes. This log has been devised to assist you with that application. You may use an alternative format if you so choose, **however** all information required as noted in this log must be supplied and signed off on by the applicant and their supervisor. It is the responsibility of the applicant to ensure all hours noted are correctly added in the summary section and correspond with information noted in **section 4** of the application form.*

**Please note the following rules apply in recording clinical hours practice for accreditation purposes.**

1. Hours recognised can be counted once you have
  - SUCCESSFULLY completed a HETAC qualification in the field of Counselling and/or Psychotherapy at level 7 or above **OR** its equivalent.
  - Are REGISTERED as a pre-accredited counsellor with APCP or another counselling/psychotherapy association **OR** are working under the remit of an organisation that has insured you to undertake clinical practice.
2. Clinical practice hours accumulated during counselling/psychotherapy training will not be counted towards accreditation hours.
3. One to one client work must account for a minimum of 75% of total clinical practice hours.  
Clinical practice hours should be reviewed in individual supervision at a ratio of 1:8, while group supervision should comprise of a maximum of 4-6 people at a ratio of 1:5.



**1. One to one client work**

Year \_\_\_\_\_

Month	No of Hours with clients	Signed as a true statement of work undertaken – Supervisee	No of hours in Supervision		Modality of Practice	Signed as a true statement of work supervised - Supervisor
			1-2-1 supervision	Group supervision		
Jan						
Feb						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total no of hours						

Summary of Key Issues covered  
(to be filled in by supervisee)

**Therapeutic Group Work**                      Year \_\_\_\_\_

Month	No of Hrs therapeutic gp work	Type of Group -e.g. Bereavement issues, problematic substance use	Signed as a true statement of work undertaken – Supervisee	No of hours in Supervision	Modality	Signed as a true statement of work supervised – Supervisor
Jan						
Feb						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
No of hours						

**Key issues covered during this period (to be filled in by supervisee)**

Psycho-educational Group Work \_\_\_\_\_

Year \_\_\_\_\_

Month	No of Hours in psycho-educational group work	Type of educational provision & Group e.g assertiveness, young people etc..	Signed as a true statement of work undertaken – Supervisee	No of hours in Supervision	Signed as a true statement of work supervised – Supervisor
Jan					
Feb					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total no of hours					
<b>key issues covered during this period (to be filled in by supervisee)</b>					

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**Summary of Clinical Practice**

Type of Counselling/Psychotherapy Interventions	Total no of hours in clinical practice	Name of supervisor/s	No. of hours in supervision	
			1-2-1 supervision	Group supervision
One to one work with clients				
Therapeutic group work				
Psycho-social educational group work				
<b>Summary of hours</b>				
1. Work with clients and with groups				
2. Work with supervisor on a one to one basis				
3. Work with supervisor as part of a group				
4. Total number of hours in Supervision				

This is a true and accurate statement of all clinical practice and supervision undertaken by me in training as a counsellor.

Signed \_\_\_\_\_

Date

Supervisee