The recording this transcript was taken from was destroyed on Date \_\_\_\_\_\_\_\_\_\_\_ **Template 14a**

Destroyed by: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Transcript of client** | **Transcript of counsellor** | **Counsellor reflection** |
|  |  |  |
| **Feedback from discussion / development points** | | |
| **Supervisor signature** |  | **Date** |
| **Trainee counsellor signature** |  | **Date** |