

**Counselling Sessions Form**

Scheduled client hours for this week as well as attendance for last week is below.

|  |  |  |
| --- | --- | --- |
| Client Initials | Session Date | Comments |
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Scheduled Client hours for the week ahead

|  |  |  |  |
| --- | --- | --- | --- |
| Client Initials | Session Date | Session Time | Comment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Please remember to **email** this form **every week** to Outreach Team:

[**outreach@cleanslate.org.uk**](mailto:outreach@cleanslate.org.uk)

***If this form has not been sent to us each week you will not be covered by our insurance to deliver these sessions for Clean Slate.***