

**Counselling Sessions Form**

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

|  |  |  |
| --- | --- | --- |
| Client Initials | Session Date  | Comments  |
|   |  |   |
|  |  |  |
|  |  |  |
|  |  |  |

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**

***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.***