Ongoing Professional Development Logbook
for Counsellor

Your Details

Name:	
Supervisor Name:	**Supervisor Contact Number:**

	Record for Ongoing Professional Development (Training, Events and Webinars)			
Date	**Training, Event, Webinars**	**Hours**	**Points**	**Signature of Authorised Provider**
Date	**Training, Event, Webinars**	**Hours**		**Signature of Authorised Provider**

Total Hours				

OPD Learning Points Reflection (Self-reflection, what you have learnt, how you intend to apply to your practice)