**AfSFH Supervision record log**

Please fill in details of your supervision activities below.

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| --- | --- | --- | --- | --- | --- | --- |
| Date  DD/MM/YYYY | Duration (hrs) | Supervision method e.g. face to face, online, phone, etc | Supervisor name | Reflections – what did I learn/how did it help me? | How will this supervision help my client(s)? | Verified attendance by supervisor (signature) |
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