**Evidence Of Personal Therapy**

Dear Counsellor / Psychotherapist,

Volunteers applying to attend our Induction to Counselling at CLCC Course and, thereafter counsel clients of the Centre whilst on placement with our BACP Accredited Counselling Service, are required to demonstrate that they have been, or are currently receiving personal therapy. Please help them to do this by providing the information requested below and sending it electronically to [counselling@carrslanecounselling.co.uk](mailto:counselling@carrslanecounselling.co.uk)

**Volunteer Full Name :**

**Therapist Full Name :**

**Therapist Professional Status / Registration** (e.g. BACP member, number 123456):

***Declaration:***

I confirm that the above-named person has attended *(insert number)* …………. counselling / psychotherapy sessions, of 50 minutes duration, with me between the following dates:

Date of start: *(dd/mm/yyyy)* ……………… and

Date last session held: *(dd/mm/yyyy)* …………………

Date: ………………………

Thank you for completing this form