

# TCSU-L6 Workplace/Agency Report

Trainee Supervisor's name:

Proficiency statement. Please comment on the following:	Learning outcomes / criteria
The supervisor's ability to work within a professional framework for counselling supervision	
The supervisor's ability to support supervisee to work within a professional framework	
Supervisor's ability to support supervisee to manage risk assessment and referral where appropriate	
Supervisor's ability to support supervisee to manage personal well-being, professional functioning and professional development	
Supervisor's ability to support supervisee in evaluating their counselling practice	
Any other comments:	

Workplace/agency manager name: .....

Date: .....

Workplace/agency manager signature: .....

Trainee Supervisor signature: .....