**TC-L4 Self-review**

Candidate name: Date:

This template provides a structure for your candidate self-review. In this self-review you should summarise what you have learnt under each of the seven headings, and also reflect on your personal and professional development in relation to the seven units. Aim to strike a balance between description of what you have learnt, and reflecting on your process of learning. You may want to include any challenges you have faced, any ‘light-bulb moments’ of personal development, or commenting on examples from your placement work, supervision sessions or personal therapy. If you are unsure what to focus on, look over the learning outcomes under each unit in your Candidate Guide and consider how you are progressing towards these. (Target 2000-3000 words)

Submit this to your tutor who will assess your work and provide you with feedback. Your tutor’s feedback will help you identify any areas for development, and actions to address these.

The self-review can be an excellent opportunity to explore your strengths and areas for development during the course. It can also be used as a way for your tutor to signpost any areas for concern that might affect your overall proficiency in the qualification.

You can also use this self-review as evidence for criteria.

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| **Unit 1 - Working ethically, safely and professionally as a counsellor:** |
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| **Unit 2 - Working within a counselling relationship:** |
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| **Unit 3 - Working with client diversity in counselling work:** |
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| **Unit 4 - Working within a user-centred approach to counselling:** |
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| **Unit 5** **- Working with self-awareness in the counselling process:** |
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| **Unit 6 - Working within a coherent framework of counselling theory and skills:** |
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| **Unit 7 - Working self-reflectively as a counsellor:** |
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Word count:

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| Learning Outcome | For completion by the tutor: |
| Tutor feedback |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| General comments (these might include areas for development, actions to take place, or raise concerns of potential contraindications)  Tutor name: Date: | |