

**SUPERVISOR’S LETTER OF SUPPORT**

**OCN Certificate in Counselling Supervision, September 2020**

Please can you comment on the following:

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| --- | --- |
| NAME OF SUPERVISEE |  |
| LENGTH OF TIME YOU HAVE SUPERVISED THEIR PRACTICE |  |
| THEIR SUITABILITY & READINESS  TO UNDERTAKE THIS TRAINING |  |
| SUPERVISOR’S NAME &  CONTACT DETAILS  SIGNATURE & DATE |  |

**THANK YOU FOR COMPLETING THIS FORM.**

IF YOU HAVE ANY QUERIES PLEASE CONTACT: LISA MASS 07773 007894

**PLEASE CAN YOU EMAIL COMPLETED FORM TO:** [**contact@lisamasscounselling.co.uk**](mailto:contact@lisamasscounselling.co.uk) **OR send to:**

**Lisa Mass Counselling, Flat D, Mistletoe Lodge, Lionel Avenue, Wendover HP22 6BL**