



**LOG BOOK OF CLINICAL SUPERVISION WITH  
COGNITIVE BEHAVIOURAL PSYCHOTHERAPY IRELAND (CBPI)**

PLEASE PHOTOCOPY THIS FORM IF NECESSARY

**Name of Supervisee:**

**Membership Number:**

**Address:**

**Name of Supervisor:**

**Type of Supervision:**

(Individual, Peer, Group,)

**Duration of meeting/contact :**

**Frequency of Contact:**

Date	Content	Method	Supervisor's Signature