**Name of Applicant:**

**Name of Supervisor:**

**Today’s Date:**

**Practice hours:**

Please list a minimum of five clients, supervisees or groups to make up the required 90 hours (Standard Level) or 360 hours (Advanced Level) and demonstrate the range and depth of your practice. Be mindful of confidentiality. An example has been given.

| **Year of present-ation** | **Client’s intersectional identities** | **Number of contact hours** | **Presenting concerns** |
| --- | --- | --- | --- |
| *2023* | *White British, upper class, able-bodied, neurotypical young trans gay man* | *5* | *Depression, low self-esteem, Functional Neurological Disorder and PTSD in the context of CSA, early relational misattunements and ongoing gender dysphoria.*  |
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| **Year of present-ation** | **Client’s intersectional identities** | **Number of contact hours** | **Presenting concerns** |
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| **Year of present-ation** | **Client’s intersectional identities** | **Number of contact hours** | **Presenting concerns** |
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| **Year of present-ation** | **Client’s intersectional identities** | **Number of contact hours** | **Presenting concerns** |
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**Total number of practice hours you have completed with GSRD clients during the last three years:**

**Date:**