**CHC51115 – Diploma of financial counselling**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UNIT** | **Workplace client interactions completed**  | **C** | **NYC** | **NC** | **COMMENTS** |
| **CHCCSL001** | 1 | 2 | 3 |  |  |  |  |
| **CHCCSL002** | 1 | 2 | 3 |  |  |  |  |
| **CHCCSL003** | 1 | 2 | 3 |  |  |  |  |
| **CHCCSL007** | 1 | 2 | 3 |  |  |  |  |
| **CHCFIN001** | 1 | 2 | 3 | 4 | 5 |  |  |  |  |
| **CHCFIN002** | 1 | 2 | 3 | 4 | 5 |  |  |  |  |
| **CHCFIN003** | 1 | 2 | 3 | 4 | 5 |  |  |  |  |
| **CHCLEG002** | 1 | 2 | 3 |  |  |  |  |
| **CHCCCS019** | 1 | 2 | 3 |  |  |  |  |

**All parties to sign this document once supervisors report has been submitted and communicated in final liaison meeting**

**Completion of this document signifies completion of work placement requirements.**

|  |  |
| --- | --- |
| **Name of Organisation & Program:** |  |
| **Workplace mentor** **Name and Qualifications:** |  |
| Signed: |  | Date: |  |
| **Student Name:** |  |
| Signed: |  | Date: |  |
| **ICAN Learn Assessor Name:** |  |
| Signed: |  | Date: |  |