**CHC51115 – Diploma of financial counselling**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.**

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