

Form to be used with submission of external assessments

ABC

ABC AWARDS IN COUNSELLING

Tick appropriate qualification

ABC Level 2 Certificate in Counselling Concepts*

ABC Level 2 Certificate in Counselling Skills

ABC Level 3 Diploma in Counselling

Title of submitted work:

Candidates Name:.....

Centre Name:

Centre No:

I declare that I have completed the work stated unaided.

Candidate's Signature:

Tutor Signature:

Sources/assistance to be outlined here:

***Please ensure that the reflective studies are authenticated by internal moderators or assessors as being true accounts of candidates' experiences on the course**

This form must be given as a cover sheet on the specified work

For ABC External Examiner use only – please tick to indicate

PASS		FAIL	
If Counselling Skills Fail , please circle below which component(s) has/have failed:			
Tape		Case Study	

Examiner Signature:

Date: