

# Counselling Room Signup Sheet

The following form **must** be completed each time this counselling space is used by an FSS or Caseworker. If selecting "other" under reason for usage please write in the reason.

Date	Staff Member	Reason for Usage	Client Case #	Time In	Time Out	Walk-in or Scheduled	Signature
		<input type="checkbox"/> Counselling <input type="checkbox"/> VCT <input type="checkbox"/> Defaulter <input type="checkbox"/> Other:				<input type="checkbox"/> Walk-in <input type="checkbox"/> Scheduled <input type="checkbox"/> Client Unscheduled	
		<input type="checkbox"/> Counselling <input type="checkbox"/> VCT <input type="checkbox"/> Defaulter <input type="checkbox"/> Other:				<input type="checkbox"/> Walk-in <input type="checkbox"/> Scheduled <input type="checkbox"/> Client Unscheduled	
		<input type="checkbox"/> Counselling <input type="checkbox"/> VCT <input type="checkbox"/> Defaulter <input type="checkbox"/> Other:				<input type="checkbox"/> Walk-in <input type="checkbox"/> Scheduled <input type="checkbox"/> Client Unscheduled	
		<input type="checkbox"/> Counselling <input type="checkbox"/> VCT <input type="checkbox"/> Defaulter <input type="checkbox"/> Other:				<input type="checkbox"/> Walk-in <input type="checkbox"/> Scheduled <input type="checkbox"/> Client Unscheduled	
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