



KENYA COUNSELLING AND PSYCHOLOGICAL ASSOCIATION

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ACTIVITIES & REPRESENTATION BY BOARD MEMBERS/COMMITTEES & STAFF

NATIONAL COUNTY (County Name _____)

Name of officer: _____ Designation: _____

Venue of Activity / Event: _____ Date of Activity: _____

Duration of Activity: _____

Nature of Representation: (*Chief Guest/Facilitation/Delegate/Trainer/Participant e.t.c*)

Issues Addressed: _____

Significance of Activity to KCPA _____

Achievements/Outcomes _____

Challenges (if any)

Way Forward (Referral/Next Appointment/Feedback Expected/Follow up/Linkages)

Signed: _____ Date _____

Reviewed by _____ Sign _____ Date _____

Approved By: _____ Sign _____ Date _____