

**Hydrotherapy Sub Group Evidence of Clinical Practice**

Please use this form to record your evidence of clinical hydrotherapy practice.

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| **Clinical Practice – Educational Training** | | |
| Date: | Hydrotherapy Clinic or Centre: | Hours/Days: |
|  |  |  |
| **Clinical Practice – Voluntary/Work Experience** | | |
| Date: | Hydrotherapy Clinic or Centre: | Hours/Days: |
|  |  |  |
| **Clinical Practice – Employment** | | |
| Date: | Hydrotherapy Clinic or Centre: | Hours/Days: |
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