

**WORKFORCE SINGAPORE AGENCY**

**CAREER DEVELOPMENT FRAMEWORK**

**[FOR CREDENTIAL RENEWAL]**

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# INTRODUCTION

As the Singapore economy restructures, the role of career professionals will become increasingly important. Professional certification is key to ensuring that high quality career advisory is provided by competent career professionals for people preparing to enter or are in the workforce.

To this end, Workforce Singapore (WSG) has developed the WSG Career Development Framework (CDF). The CDF is a competency-based credentialing framework for career professionals and aims to facilitate capability building and enable deeper and broader competency development among career professionals. In addition, it allows stakeholders within the career development community to uphold professional standards and ethics.

The CDF has been developed in consultation with key stakeholders in the career development profession including the Ministry of Education and the Employment and Employability Institute (e2i). It is also aligned to international practices in Australia, Canada, Europe and the United States, and emphasises the practice component undertaken by a career professional.

The WSG CDF offers four credentials targeted at career professionals in different roles. The credentials are a recognition of the professional standing of the credential holders and their competencies in providing career, education and training advisory in Singapore. All applications for the credentials are reviewed by our Credential Evaluation Panel consisting of senior members from WSG, MOE, e2i, and the two associations for career professions.

For more information about the WSG Career Development Framework and credentialing, you may contact us at 6883 5885 or submit your enquiry to WSG feedback portal at https://portal.ssg-wsg.gov.sg.

Career Practitioners Division

Careers Connect Group

Workforce Singapore

**FOR OFFICIAL USE ONLY**

|  |
| --- |
| **For self-sponsored** |
| **Bank**  |  | **Receipt No** |  |
| **Enrolled by** |  | **Verified By** |  |
| **For employer-sponsored** |
| **Name of Employer** |  | **Department** |  |
| **Sub BU / UEN** |  | **Receipt No** |  |
| **Name of Billing OIC** |  | **Email / Tel No** |  |

# ANNEX 1 : INSTRUCTION

1. The application must be made in English. You can only apply for one credential per application. If you intend to apply for dual credentials, please complete two separate application forms.
2. You will need about 30 minutes to complete this form. Please have the following items ready. Legible copies of:
3. Certificate of Initial Training courses attended;
4. One-page curriculum vitae;
5. Signed letter of confirmation (Annex A/Annex B); and
6. Payment reference number for Online Funds Transfer.

**Please note that, with effect from 1 Oct 2021, credential applications will be randomly selected for audit. Audit details will be shared only when you are selected. No sensitive client details will be required.**

1. We strive to process your application within 30 working days. If additional information from you is required to complete the application, processing of your application may take longer. You will be informed of the outcome of your application via email to the e-mail address provided by you.
2. Please note there will be an application fee of $139.10 (inclusive of GST). *This fee is non-refundable.* Payment is to be made via online bank transfer. The payment details are as follows:

|  |  |
| --- | --- |
| **Payee Name** | Workforce Singapore Agency |
| **Payee Account No** | 101-346-490-7 |
| **Payee Bank Name** | United Overseas Bank Limited (UOB). |
| **Bank Code** | 7375 |
| **Branch Code** | 001 |
| **Remarks** | Please take note of the date, time and transaction reference number if you are performing online bank transfer. Indicate your full name and state **“Credential Application Fee”** under “Comments/Remarks”. **Insert the reference number under “Payment Method” in Annex 2 Section B.**  |

# ANNEX 2 : APPLICANT PROFILE

**IMPORTANT: This form is for CREDENTIALING RENEWAL. For first-time application, please use the correct form on our website: https://go.gov.sg/cdf-credential**

## Section A : General Information

|  |  |
| --- | --- |
| **Name (First name, Surname, Middle name)** | Click here to enter text. |
| **Name to appear on cert** |  |
| **NRIC / Passport Number (if foreigner)** | Click here to enter text. |
| **Credential Renewal** | **Select one only**[ ]  Certified Career Advisor (CCA)[ ]  Certified Career Practitioner (CCP)[ ]  Certified Career Clinical Supervisor (CCCS)[ ]  Certified Career Services Manager (CCSM) |
| **Initial Training Completed***(Note: Only the listed qualifications are accepted for credential applications. Applicants with other career facilitation qualifications can obtain these qualifications through the Assessment-Only-Pathway (AOP). Details of the AOP can be found here:* [*http://bit.ly/WSG\_CFP*](http://bit.ly/WSG_CFP)*)*  | **Please attach scanned copy of certificates**

|  |  |
| --- | --- |
| **Programme Completed** | **Date of Completion** |
| [ ]  Career Advisory Programme (CAP) [includes the Basic Career and Training Advisory (BCTA) Programme] | Click here to enter a date. |
| [ ]  Career Facilitation Programme (CFP) [includes the WSQ Advanced Certificate in Career Development Facilitation ACCDF) Programme] | Click here to enter a date. |
| [ ]  Career Supervision Programme (CSP) | Click here to enter a date. |
| [ ]  Career Management Programme (CMP) |  |

 |
| **Nationality** | Click here to enter text. |
| **Age (as at point of application)** | Click here to enter text. |
| **Gender** | Click here to enter text. |
| **Race**  | Click here to enter text. |
| **Highest Qualification** | Click here to enter text. |
| **Specialisation** | Click here to enter text. |
| **Contact Number** | Click here to enter text. |
| **Personal Email** | Click here to enter text. |
| **Home Address** | Click here to enter text. |

## Section B : Employment Information

|  |  |
| --- | --- |
| **Employment Status** | [ ]  Employed (please provide current employment information) [ ]  Unemployed (please provide last employment information). You may leave the previous industry and office contact details blank if these are not applicable. |
| **Organisation Name** | Click here to enter text. |
| **Industry** | Choose an item. |
| **Designation** | Click here to enter text. |
| **Description of Role** | [ ]  Internal clients (employees in my organisation)[ ]  External clients (paid / non-paying clients) **Briefly describe your role for the box that you tick above**Click here to enter text. |
| **Experience** *(Number of years of providing education, training and career advisory)* | Click here to enter text. |
| **Previous Industry** *(Which industry were you from, before your current or last held job?)*  | Click here to enter text. |
| **Office Address** | Click here to enter text. |
| **Office Tel Number** | Click here to enter text. |
| **Office Email Address** | Click here to enter text. |
| **Payment Method** | [ ]  Company Sponsored[ ]  Online Funds Transfer (please fill in below)**For *Online Funds Transfer*, please indicate date and time of transaction, and transaction reference number below**Date: Click here to enter text.Time: Click here to enter text.Reference Number: Click here to enter text. |

## Section C : Summary of Experience

**(1) Total Number of Unique Clients Seen in the Past 3 Years**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Individuals** | **Group** | **Total** |
| **Number of Clients** | Enter Number | Enter Number | Enter Number |

**(2) Total Number of Practice Hours Clocked in the Past 3 Years**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mode** | **Contact** | **Non-Contact** | **Total** |
| **Number of Hours** | Enter Number | Enter Number | Enter Number |

**(3) Total Number of Continuing Professional Development (CPD) Hours Clocked in the Past 3 Years**

|  |  |
| --- | --- |
| **Number of Hours** | **Total** |
| Enter Number |

**IMPORTANT NOTE**

**Before you submit your application, please check to ensure that what you have entered above meets the criteria for the award of the credential. *There will be no refund of application fee if your application is unsuccessful.* The criteria are indicated below for your reference.**

**Credential Renewal Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Credentials** | **No. of Clients** | **Practice Hours** | **CPD Hours** |
| **Certified Career Advisor (CCA)** | Min 25 unique clients | Min 100 hours(At least 90 contact hours)  | Min 50 hours(At least 45 verifiable\* hours) |
| **Certified Career Practitioner (CCP)** | Min 50 unique clients | Min 300 hours(At least 240 contact hours) | Min 75 hours(At least 67.5 verifiable\* hours) |
| **Certified Career Clinical Supervisor (CCCS)** | Min 40 unique clients | Min 300 hours(At least 225 contact hours)(At least 37.5 non-contact hours must be time spent on mentoring career practitioners) | Min 75 hours(At least 67.5 verifiable\* hours) |
| **Certified Career Services Manager (CCSM)** | Min 30 unique clients | Min 300 hours(At least 210 contact hours) (At least 45 non-contact hours must be time spent on mentoring career practitioners) | Min 75 hours(At least 67.5 verifiable\* hours) |

*\* Verifiable hours refer to CPD hours which can be verified when selected for audit. Refer to Annex 6 of the application form for examples of verifiable/non-verifiable hours.*

## Section D : Referees

Please provide the names and contact details of at least two referees who would be able to verify your submission in **Annexes 3, 4 and 5.**

|  |
| --- |
| **FIRST REFEREE** |
| **Name** | Click here to enter text. |
| **Job Title** | Click here to enter text. |
| **Organisation** | Click here to enter text. |
| **Contact Number** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **SECOND REFEREE** |
| **Name** | Click here to enter text. |
| **Job Title** | Click here to enter text. |
| **Organisation** | Click here to enter text. |
| **Contact Number** | Click here to enter text. |
| **Email** | Click here to enter text. |

# ANNEX 3 : NUMBER OF CLIENTS SEEN

**IMPORTANT: Please include clients seen *only* from the past 3 years from the date of application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type****(Individuals/Group)**Please indicate if you saw the clients on an *Individual* basis or in a *Group* context | **Your Role****(Employee/Pro-bono)**Were you providing career advisory as an *employee* of your organisation, or was it done *pro-bono*? | **Content**What was the content of your career advisory, e.g. resume writing, job search skills, interview skills, ECG counselling, career advisory? | **Number**Please count only unique clients |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
| Choose an item. | Choose an item. | Choose an item. | Enter Number |
|  |  | **\*Total** | Enter Number |

\* The total number of unique clients must tally with the total number of unique clients seen in the past 3 years indicated under section C (1).

# ANNEX 4 : PRACTICE HOURS

**IMPORTANT: Please include practice hours *only* from the past 3 years from the date of application.**

|  |  |  |
| --- | --- | --- |
| **Mode** | **Activities** | **Estimated Hours** |
| **Contact** | Physical face-to-face, or virtual (telephone, skype, video conferencing, IM, email) servicing / correspondence with clients, including group facilitation with clients | Enter Number |
| **Non-Contact**  | Drafting email / escalation of cases / related meetings (internal / external) pertaining to career issues | Enter Number |
| Team management / facilitation / work preparation related to the case | Enter Number |
| Administration of career / counselling services such as writing case notes pertaining to case | Enter Number |
| Reading articles to get insights to support development of solutions for clients  | Enter Number |
| Discussion with supervisor on best practices to improve clients’ career situations | Enter Number |
| Observation of career practitioners assisting clients in 1-1 or group sessions | Enter Number |
| Participating (as a trainer/speaker) in career-related conferences, talks, forums and meetings | Enter Number |
| Others – please specify:  | Enter Number |
| Others – please specify:  | Enter Number |
|  | **\*Non-Contact Total** | Enter Number |
|  | **\*Contact + Non-Contact Total** | Enter Number |

\* Total estimated contact and non-contact hours should tally with the total number of practice hours clocked in the past 3 years indicated in section C (2).

# ANNEX 5 : CLIENT PROFILE

**IMPORTANT:**

**The total number of unique clients here should tally with the total in Annex 3. Please attach the following:**

* **For *employees/self-employed*: Letter of Confirmation signed by supervisor or employer as per Annex A**
* **For the *freelancers/pro bono/self-employed*: Letter of Confirmation signed/endorsed by the hosting organization as per Annex B**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Age****Groups** | **16 & below** | **17 to 24** | **25 to 29** | **30 to 39** | **40 to 49** | **50 to 59** | **60 to 69** | **70 & above** | **Total** |
| **Person with Disabilities** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Ex-Offender** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Back to Work Women** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Unemployed (less than 6 months)** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Unemployed (more than 6 months)** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Employees of my organisation** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Employees of other organisations** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Part time Students from PSEI/IHL or CET programmes** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Full Time Students from PSEI/IHL/Sec** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Others – please specify:** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Others – please specify:** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |
| **Total** | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number | Enter Number |

# ANNEX 6 : CONTINUING PROFESSIONAL DEVELOPMENT (CPD) HOURS

**IMPORTANT: Please include CPD hours *only* from the past 3 years from the date of application.**

* Activity must help in the acquisition of the competencies in the WSG Career Development Framework (CPF).
* Activity must be relevant to current or future work.

|  |  |  |
| --- | --- | --- |
| **Mode** | **Activities** | **Estimated Hours** |
| **Verifiable\*** | **Conference/Seminar** (virtual/in-person) | Enter Number |
| **Course/Workshop** (virtual/in-person) | Enter Number |
| **On-the-job/In-house training** | Enter Number |
| **Others – Please specify:** | Enter Number |
| **Others – Please specify:** | Enter Number |
| **Non-Verifiable** | **E-Learning** | Enter Number |
| **Book/Periodical** (electronic/physical)Periodical refers to Magazine/Journal/Publication (except for Newspapers). | Enter Number |
| **Others – Please specify:** | Enter Number |
| **Others – Please specify:** | Enter Number |
| **Total** | Enter Number |

*\* Verifiable hours refer to CPD hours which can be verified when selected for audit.*

**see**

# ANNEX 7: DECLARATION

**Please tick (🗸) all the relevant boxes for your declaration and insert your signature & the date of application as indicated below:**

1. Have you ever been charged and found guilty with a criminal offence in the past 3 years?

YES [ ]  NO [ ]

If you answered “YES” to the above question, you must include a complete, detailed explanation related to the response. You must also provide copies of relevant documentation, such as copies of the complaint, pleadings and compliance with final orders.

1. By ticking on the boxes below, I declare, acknowledge and accept that:

[ ]  I have read and understood the [People and Career Development Association](https://www.pcda.co/codeofethics) and [Career Development Association of Singapore’s](https://www.cdas.org.sg/code-of-ethics) Code of Ethics for Career Practitioners (“Code of Ethics”). I agree to comply with the Code of Ethics (including any updates from time to time) in the course of my practice. In the event of any non-compliance upon being certified under the WSG Career Development Framework (“CDF”), WSG is entitled to withdraw my credentials as a CCA, CCP, CCCS or CCSM (as applicable).

[ ]  I am committed to uphold and maintain the highest standards of professional conduct and behaviour upon being certified under the WSG CDF.

[ ]  I have not suppressed any material information, and all information provided in this application (including all attachments whether in the form of Annex A and/or Annex B, and/or otherwise) is true and correct to the best of my knowledge. I am aware that any false information provided may constitute an offence under the Penal Code (Chapter 224), and shall render me liable for disqualification from the certification.

[ ]  I consent to WSG, its employees and agents, collecting and using any or all information provided in this application for the following purposes:

* 1. to operate and implement WSG CDF;
	2. to enable WSG, its employees and agents, to contact me;
	3. to improve the content and quality of WSG CDF; and
	4. for WSG’s internal account handling, business and administrative purposes.

[ ]  I consent to WSG, its employees and agents, disclosing and publishing on WSG’s website (or such other website designated by WSG from time to time) the following information:

1. my full name; and
2. the updated status of my credentials as a CCA, CCP, CCCS or CCSM (as applicable),

for the purpose of compiling a list of credential holders, accessible by all users of the website.

[ ]  I consent to WSG, its employees and agents, disclosing any or all information provided in this application to:

1. the Government of the Republic of Singapore;
2. any other statutory body;
3. all evaluation panel members,

for the following purposes:

1. to evaluate the applicant’s credentials or status as a credential holder;
2. to compile and analyse data to improve the content and quality of WSG CDF or delivery of WSG’s services generally; or
3. any other purpose reasonably deemed appropriate by WSG.

[ ]  I understand that I may be randomly selected for audit purpose and details of the audit will only be made known should I be selected. No sensitive client details will be required for the audit.

[ ]  I undertake to pay an application fee of $139.10 (inclusive of GST) together with the submission of this application. I accept that the application fee is non-refundable under all circumstances (whether my application is approved, rejected, withdrawn or otherwise).

[ ]  In the event of:

1. unsuccessful payment of my application fee;
2. incomplete or inaccurate information provided in this application; or
3. failure to meet the credentialing criteria,

WSG is entitled, at its sole discretion, to reject this application without liability and without providing reasons to me.

**Checklist on documents submitted/attached**

Please tick (🗸) accordingly.

[ ]  Certificate of Initial Training Courses Attended

[ ]  1-page curriculum vitae

[ ]  Signed letter of confirmation (in the format attached in **Annex A** or **Annex B**, as applicable)

[ ]  Payment reference number for online funds transfer

 Insert Digital SignatureClick or tap to enter a date.

|  |  |  |
| --- | --- | --- |
| Applicant Signature |  | Date |