**Letter of Confirmation for Career Supervision Programme (CSP)**

To: The Officer-in-Charge

Career Practitioners Division

Workforce Singapore

**Instructions**

1. This letter must be completed in full by the company/organisation sponsoring or supporting your course application. Itmust be printed on the company’s/organisation’s official letterhead and signed by your direct reporting officer.
2. Please submit the endorsed letter with your course/AOP application via the WSG eTEAMS online course registration portal.

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| --- |
| **To be completed by the Direct Reporting Officer Sponsoring or Supporting the Course Application** |
| Please tick (✓) accordingly.I am pleased to confirm that:* The company/organisation is sponsoring the applicant named below for the Career Supervision Programme (CSP).
* The company/organisation is supporting the applicant named below for the Career Supervision Programme (CSP).

|  |  |  |
| --- | --- | --- |
| Course Run No | : |  |
| Course Start & End Date | : |  |
| Name of Applicant | : |  |
| NRIC/Fin No | : |  |
| Designation | : |  |
| Department | : |  |

The applicant has \_\_\_\_\_ year(s) of clinical and/or case work practice and \_\_\_\_\_\_ year(s) of supervisory experience\* in leading a team of career practitioners. *\*please note that the supervisory experience does not include managerial/administrative supervision.***ROLES AND DUTIES IN CLINICAL SUPERVISION**Describe the applicant’s roles and duties as a clinical supervisor (past/current role) leading a team of career practitioners. You may describe the future roles/duties of the applicant if he/she is expected to take on a supervisory position in the near future.Please include the following details in your description:* Start date for above supervisory role/duties
* Staff being supervised (e.g. career advisors, career coaches, ECG counsellors, etc.)
* Frequency and length of supervision provided.

I hereby confirm that the applicant has fulfilled the following CSP entry requirements. Please tick (✓) accordingly.1. **Completed the Required Training**
* Has attended the WSG Career Facilitation Programme (CFP) or the WSQ Advanced Certificate in Career Development Facilitation (WSQ ACCDF)

 *(please attach a copy of the course completion certificate)***2A. Obtained the WSG CDF Credential*** Has obtained a valid Certified Career Advisor (CCA) Credential under the WSG Career Development Framework

*(please attach a copy of the CCA certificate)** Has obtained a valid Certified Career Practitioner (CCP) Credential under the WSG Career Development Framework

*(please attach a copy of the CCP certificate)**Please note that an applicant who has obtained any one of the above credentials is not required to complete 2B below.***OR****2B. Fulfilled the Required Hours in Providing Career Services*** Has fulfilled 360 contact/face-to-face hours in providing career services (to both individuals/groups).

*(please complete* ***Table 1*** *below for details of career services provided by the applicant for the last 3 years)***BILLING DETAILS (For Company-Sponsorship Only)**

|  |  |  |
| --- | --- | --- |
| Company Registered Name | : |  |
| Company UEN No | : |  |
| Company Sub-BU Code | : |  |
|  |  | *for Government Ministry/Statutory Board (if Any)* |

**DETAILS OF DIRECT REPORTING OFFICER**

|  |  |  |
| --- | --- | --- |
| Name of Direct Reporting Officer | : |  |
| Designation | : |  |
| Department | : |  |
| Office Contact No | : |  |
| Email Address | : |  |
|  |  |  |
| Authorised Signature | : |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Date | : |  |

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**Table 1**:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type****(Individuals/Group)**Please indicate whether clients are/were seen as individual(s) or group | **Your Role****(Employee/Pro-bono)**Please indicate whether the career services are/were provided by you as an *employee* of your organisation, or on pro-bono basis | **Content**What was the content of the career services provided, e.g. resume writing, job search skills, interview skills, ECG counselling, career advisory/coaching? | **Number**Please include unique clients only | **Estimated Hours**Please indicate contact hours spent on providing the career services |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
| Choose an item. | Choose an item. | Click here to enter text. | Enter Number | Enter Number |
|  |  | **Total** | Enter Number | Enter Number |