**Letter of Recommendation**

To: The Officer-in-Charge

Career Practitioners Division

Workforce Singapore

I am pleased to recommend the applicant named below for the Career Supervision Programme (CSP):

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name as in NRIC) is currently/was\* employed as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Designation) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department/Organisation) for the period \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

He/She\* 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 referred here does not include managerial/administrative supervision.

*\*please delete as appropriate*

|  |
| --- |
| 1. Describe the applicant’s roles and duties as a (past/current) clinical supervisor 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 supervisory role/duties * Staff being supervised (e.g. career advisors, career coaches, ECG counsellors, etc.) * Frequency and duration of supervision provided. |

I hereby certify that the recommended applicant fulfils the following CSP entry requirements. Please tick (✓) where applicable.

1. **Completed Required Training**

* Has attended the WSG Career Facilitation Programme (CFP)

(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 applicants who have obtained any one of the above credentials are not required to complete 2B below.*

**OR**

**2B. Fulfilled the Required Hours in Providing Career Services**

* Has fulfilled 360 hours in providing face-to-face career services (for individual/ group).

(please complete **Table 1** below for details of career services provided by the applicant for the last 3 years)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECOMMENDATION BY:**   |  |  | | --- | --- | | **Name:** |  | | **Designation:** |  | | **Agency/Organisation Name:** |  | | **Contact No:** |  | | **Email Address:** |  | | **Signature** |  | | **Date:** |  | |  |

**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 |
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| 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 |