

Counselling and Care Centre

Post Graduate Certificate in Systemic Practice with Children, Youth and their Families

Certification letter for course enrolment by Centre Head/ Manager

I hereby certify that the applicant (name) _____

(please tick boxes below):

Has ___ years of experience working with working with :

children and youth services,

family service centres,

residential homes,

schools,

medical hospitals and

psychiatric hospitals

Has a minimum of a diploma and/ or degree in social work or counselling, psychology and other relevant qualifications. (Please state: _____)

Has attended courses in systemic thinking and family therapy with ____ training hours (Please fill in accumulated total number of training hours to date) as detailed in the table below:

Date of Training	Title of Training (inclusive of relevant workshops and conferences)	Name of Training Provider	Number of *Training hours

(*Priority will be given to applicants who have at least a total of 60 training hours)

Certified by (name): _____

Designation: _____

Signature: _____

Agency Stamp: _____

Date: _____

Name of Agency/Organisation: _____
