

Counselling and Care Centre

**Post Graduate Certificate in Systemic Practice with Couples**

**Certification letter for course enrolment by Head/ Manager of Agency**

I hereby certify that the applicant (name) \_\_\_\_\_

(please tick the relevant boxes below):

- Has \_\_\_\_ years of experience working with couples in clinical and/or casework practice setting (please fill in number of years)
- Has a minimum of a Diploma and/or degree in social work, counselling, psychology or other relevant qualifications (Please state: \_\_\_\_\_)
- Has a postgraduate certificate/basic course in systemic thinking, couple work and/or 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: \_\_\_\_\_

Date: \_\_\_\_\_

Agency's Stamp: \_\_\_\_\_

Agency's Name: \_\_\_\_\_