

**Counselling and Care Centre**

**Post Graduate Certificate in Clinical and Casework Supervision (for course starting Jan 2021) (ZOOM)**

**Certification for course enrolment by Centre Head/Manager/Reporting Officer**

I, hereby, certify that the applicant (name) \_\_\_\_\_ fulfills the following criteria.

(**ALL** boxes in the statements has to be checked in order for enrolment into the course to be considered):

- Has attended BASIC training/induction on clinical and/or casework supervision
- Has CURRENT clinical and/or casework practice (managerial/administrative supervision is **not** a relevant consideration)
- Had PAST clinical and/or casework experiences within the last 5 years
- Has a minimum of ONE year (12 months) experience in clinical and/or casework supervision in the current work setting BEFORE the start of the course (Supervision with interns are not included).

List applicant’s experiences as a **clinical and/or casework** supervisor:

S/N	Job Title of Supervisee(s)	Period of supervision (e.g. Feb 2019-Apr 2020)*	No. of Months
<b>TOTAL</b>			

*\*overlapping period of supervision between supervisees do NOT count towards 12 months of experience*

- I have been informed of and approve the applicant’s attendance for the Pre-course Counselling, training and coaching sessions on the designated dates and time in the publicity brochure.

Certified by (name): \_\_\_\_\_

Contact number: \_\_\_\_\_

Designation: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Agency Stamp: \_\_\_\_\_

Name of Agency/Organisation: \_\_\_\_\_