Date: _____ To: Counselling and Care Centre Post Graduate Certificate in Systemic Practice with Couples I am recommending the applicant (name) to the course for the (Designation) for the following reasons: By ticking the boxes below, I am confirming that the organization/ agency will provide the following to enable the applicant to fulfil the course requirements: ☐ To give support to him/her to fulfil a total of 98 hours of lectures and coaching sessions throughout the course duration. ☐ To provide at least 1 hour supervised by home agency's supervisor for every 10-hour of completed clinical work through the course duration. duration. ☐ To give permission for audio/video recorded materials of clinical work to be utilized for supervision in class, and/ or for clients to be brought in for live supervised practice, with prior consents obtained from clients. Please do not hesitate to contact me if you need further clarification. Yours faithfully, **Signature** Name Designation **Email Address** Contact number Name of Organisation/ Agency Organisation/ Agency's Stamp

Letter of Reference from Employer