

Letter of Reference from home agency/ Employer

Date: _____

To: Counselling and Care Centre
Post Graduate Diploma in Clinical Supervision

I am recommending the applicant (name) _____

(Designation) _____ to the course for the following reasons:

I hereby certify that he/ she has been supervising ____ (number) of staff in casework/ counselling for ____ (number) of months/ years to-date, prior to the course application.

By ticking the boxes below, I am confirming that the organization/ agency consent to the following course requirements upon successful enrolment:

- To provide opportunities for him/ her to supervise at least 2 staff for clinical casework/ counselling through the course duration.
- To give support to him/ her to fulfil a record of 50 hours of clinical supervision through the course duration.
- To give permission for audio/ video recorded material s of clinical/ supervisory work to be utilised for supervision in class, and/ or for clients/ supervisees to be brought in for live supervised practice, with prior consents obtained from clients/ supervisees.

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	