

Letter of Reference from Employer

Date

To: Counselling and Care Centre

Post Graduate Diploma in Family and Systemic Practice

I am recommending the applicant (name) _____
(Designation) _____ to the course for the following reasons:

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

- To give support to him/her to fulfil a record of 60 hours of clinical work with couples and/or families through 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.
- To give permission for audio/video recorded materials of clinical work to be utilised 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	