

Counselling and Care Centre
Post Graduate Certificate in Clinical and Casework Supervision

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 supervisory training (for example Certificate in Supervision for Social Services, or in-house supervisory training. Examples of topics include: Definition of & types of supervision, roles & functions of supervisors, ethics, supervision contracts, microskills in supervisory conversations.)
- Has CURRENT clinical and/or casework supervision practice (managerial/administrative supervision is **not** a relevant consideration)
- Has 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 of staff 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. Jun 2022- Oct 2022)*	No. of Months
TOTAL			

**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: _____

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