**Career Advisory Programme (CAP)**

**Letter of Confirmation from Host Company/Organisation**

To: The Officer-in-Charge

Career Practitioners Division

Workforce Singapore

**Instructions**

1. This letter must be completed in full by an authorised representative of the host company/organisation supporting your course application. Itmust be printed on the host company’s/organisation’s official letterhead and signed by the authorised representative.
2. Please submit the endorsed letter with your course/AOP application via the WSG eTEAMS online course registration portal.

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| --- |
| **To be completed by an Authorised Representative of the Host Company/ Organisation**  |
| I am pleased to confirm my/our\* company’s/organisation’s support for the applicant named below for the following:Please tick (✓) accordingly.* Career Advisory Programme (CAP)
* CAP Assessment Only Pathway (CAP AOP)

|  |  |  |
| --- | --- | --- |
| Course/AOP Run No | : |  |
| Course Start & End Date | : |  |
| Name of Applicant | : |  |
| NRIC/Fin No | : |  |

The applicant is currently/will be\* providing the following career advisory/coaching services in the company/organisation:Please tick (✓) accordingly.* Career Advisory and/or Training Advisory
* Career Coaching, Career Counselling and/or Career Facilitation
* Education and Career Guidance
* Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*please delete as appropriate*For the following groups and/or individuals:* Fellow Employees/Workers
* Company’s clients, clients at Career Centres, etc.
* Students in Schools or Institutes of Higher Learning
* Groups with special needs
* Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above services are/will be\* provided by the applicant on paid/pro-bono\*basis.**DETAILS OF AUTHORISED REPRESENTATIVE**

|  |  |  |
| --- | --- | --- |
| Company Registered Name | : |  |
| Name of Authorised Person | : |  |
| Designation | : |  |
| Department | : |  |
| Office Contact No | : |  |
| Email Address | : |  |
|  |  |  |
| Authorised Signature | : |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Date | : |  |

*\*please delete as appropriate* |