

CONFIRMATION BY SUPERVISOR*

I confirm that _____ is/was employed in the position of _____ by this organization _____ for the period from _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy) and he/she has fulfilled the following information to the best of my knowledge.

Total number of practice hours clocked during the period of employment: _____ total hours, of which _____ is contact hours and _____ is non-contact hours.

Total number of unique clients (at a group and individual level) served during the period of employment: _____ clients

**Please attach a separate confirmation by supervisor if there are different employments for the past 3 years set out in Table 1, Table 2 and Table 3.*

Supervisor's Name: _____
Supervisor's Job Title: _____
Supervisor's Agency/Institution: _____
Supervisor's Telephone Number: _____
Supervisor's Email: _____
Supervisor's Signature: _____
Date: _____