**Career Facilitation Programme (CFP)**

**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 Facilitation Programme (CFP) * CFP Assessment Only Pathway (CFP AOP)  |  |  |  | | --- | --- | --- | | Course/AOP Run No | : |  | | Course/AOP Start & End Date | : |  | | Name of Applicant | : |  | | NRIC/Fin No | : |  |   The applicant is currently providing the following career advisory/coaching services in the company/organisation:  Please tick (✓) accordingly.   * Career Coaching, Career Counselling and/or Career Facilitation * Career Advisory and/or Training Advisory * 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 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* |