

**Annex A**

**CONFIRMATION BY EMPLOYER/SUPERVISOR\* (For Employed /Self-employed)**

*I confirm that*   *Name of Applicant is currently/was^ employed by my organisation as Role of Applicant for the period* Insert date from drop down *(mm/yy) to* Insert date from drop down *(mm/yy) and he/she^ has fulfilled the following requirements to the best of my knowledge.*

1. *Total number of practice hours clocked during the period of employment:*

Enter Number *total hours, of which* Enter Number *were contact hours and* Enter Number *were non-contact hours.*

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

Enter Number *clients*

*Remarks:* Click here to enter text.

*^delete accordingly*

*\*Please attach a separate confirmation by supervisor if you have different supervisors for the past 3 years set out in Table 1, Table 2 and Table 3.*

|  |  |
| --- | --- |
| Supervisor’s Name:  | Click here to enter text. |
| Supervisor’s Job Title:  | Click here to enter text. |
| Supervisor’s Agency/Institution:  | Click here to enter text. |
| Supervisor’s Contact Number: | Click here to enter text. |
| Supervisor’s Email:  | Click here to enter text. |
| Supervisor’s Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date:  |  *Insert Date*  |

Company Stamp: