To: The Officer-in-Charge Career Guidance 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. It must 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.

To be completed by an Authorised Representative of the Host Company/ Organisation		
I am pleased to confirm my/our* company's below for the following: Please tick (✓) accordingly.	s/organisation's support for the applicant named	
Career Supervision Programme (CSP)	CSP Assessment Only Pathway (CSP AOP)	
Course/AOP Run No :		
Course Start & End Date		
Full Name of Applicant		
The applicant is currently/will be* leading a organisation:	team of career practitioners in the company/	
Roles and duties as a clinical supervisor (past/current/future role)		
Start date for the above role/duties :		
Frequency and length of supervision		

The above services are/will be* provided by the applicant on paid/pro-bono* basis.

DETAILS OF ¹ AUTHORISED	REPRESENTATIVE	
Company Registered Name	:	
Name of Authorised Person	:	
Designation	:	
Department	:	
Office Contact No	:	
Email Address	:	
Authorised Signature	:	
Date	:	
*please delete as appropriate		

¹ Authorised representative may be either the company/organisation's contact person or training coordinator. Version 2 (April 2025)