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**FORM S1.1 AGENCY LETTER OF SUPPORT**(To accompany Form S1 Application to become a SAFCA Professional Supervisor)

|  |  |
| --- | --- |
| **AGENCY** |  |
| **MANAGER’S NAME** |  |
| **EMAIL** |  |
| **PHONE** |  |

*<Agency name>* is in full support of the application of *<name of financial counsellor>* to become a SAFCA Professional Supervisor.

*<name of financial counsellor>* meets the requirements to become a Professional Supervisor having worked at least 3 years FTE (30 hours x 52 weeks x 3 years = 4,680 hours) as a practising financial counsellor.

*<Agency name>* has read the National Supervision Policy November 2020 and understands and agrees to abide by the professional supervision obligations for its financial counsellors and professional supervisors.

*<Agency name>* supports *<name of financial counsellor>* attendance at Professional Supervision Training and understands that there is a cost involved for the initial training which will be paid by the Agency. We also understand that attendance at Refresher trainings is mandatory at least once every 2 years, and more frequently at the commencement of supervising (negotiated between our Agency and the financial counsellor).

*<Please add any other information you would like SAFCA to consider in support of the application from the financial counsellor>*

Signed: <Manager’s signature>

Date: <date>