

Supervisor and Counsellor Declaration Form for SCSi Candidate Final Assessment Application

APC Candidate's Name: _____

Supervisor Declaration

This section **must** be completed by the APC Candidate's Supervisor as part of the sign off process required for the APC Candidate's Final Assessment Written Submission.

- I understand that the inclusion of my signature throughout the above named candidate's written submission documentation signifies my endorsement and sign-off, that in my professional opinion, the candidate is proficient in the declared competencies and competency levels, necessary for their chosen APC pathway to fulfil the requirements to submit for the Final Assessment process.
- I declare that I have thoroughly read the APC candidate's full written submission and support their submission for Final Assessment.

APC Supervisor's Name (Print Name): _____

Supervisor's SCSi Membership Number: _____

Organisation & Job Title: _____

Supervisor's Signature: _____

Counsellor Declaration

This section **must** be completed by the APC Candidate's Counsellor as part of the sign off process required for the APC Candidate's Final Assessment Written Submission.

- I understand that the inclusion of my signature throughout the above named candidate's written submission documentation signifies my endorsement and sign-off, that in my professional opinion, the candidate is proficient in the declared competencies and competency levels, necessary for their chosen APC pathway to fulfil the requirements to submit for the Final Assessment process.
- I declare that I have thoroughly read the APC candidate's full written submission and support their submission for Final Assessment.

Candidate's Counsellor

APC Counsellor's Name (Print Name): _____

Counsellor's SCSi Membership Number: _____

Counsellor's Organisation & Job Title: _____

Counsellor's Signature: _____