



Association of
Child Art Psychotherapists

Proof of Professional Employment Form

Note to Supervisor/HR Manager:

You have been asked to complete this proof of professional employment by the person who has given you this form as proof of engagement in the practice of the profession. This person is applying for professional accreditation.

You can only complete this section if you have been the applicant's line manager/supervisor or HR Manager. You must not be related to the applicant.

(Applicant's name) _____ was/is

employed here as a (job title) _____

from (dd/mm/yyyy) _____ to (dd/mm/yyyy) _____.

Number of hours per week (approx.): _____

Organisation Name: _____

Department: _____

Address: _____

In the space below, briefly describe the person's main duties and responsibilities:



Note: By signing this proof of employment you confirm that the information you have provided is accurate and that your personal data may be processed for the purposes specified above.

The ACAP Accreditation Committee may make further enquiries in respect of the applicant and your role, to verify or clarify information about the applicant. Should any of the information you have supplied not be accurate or, if you have made any false claims, you may be committing an offence.

To be completed by Supervisor or HR Manager:

Name (block capitals): _____
(HR Manager/Supervisor)

Phone: _____
(By giving us your phone number you agree that we can contact you by phone)

Email: _____
(By giving us your email address you agree that we can contact you by email)

I hereby declare that, to the best of my knowledge, the information above is correct and I give my permission to the ACAP Accreditation Committee to verify any details with me.

Additional Comments:

Signature: _____ Date: _____
(HR Manager/Supervisor)

Organisation Stamp: