*The letter must be provided on the training site’s letterhead.*

I confirm that DIPPHRM TRAINEE NAME will undertake a placement at SITE NAME from DATE to DATE. DIPPHRM TRAINEE NAME will undertake this placement at XFTE.

TRAINING SUPERVISOR NAME will be the nominated DipPHRM Training Supervisor for DIPPHRM TRAINEE NAME.

TRAINING SUPERVISOR NAME and SITE NAME will ensure that DipPHRM trainees at the site are provided with the necessary practical instruction, ongoing support and appropriate assessment opportunities to enable them to meet the professional and educational requirements specified in the DipPHRM Curriculum and to complete the requirements of the DipPHRM Training Program.