**Appendix A – ECDA Fellows**

**Letter of Commitment**

Early Childhood Development Agency

51 Cuppage Road, #08-01

Singapore 229469

Attn: ECDA Fellows Programme Secretariat

Dear Sir/Madam,

I would like to express my support for the application by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Applicant) (“the Applicant”), (NRIC/FIN No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to join the ECDA Fellows programme (“the Programme”), in my capacity as his / her\* supervisor, on behalf of his / her\* employer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Early Childhood Development Centre / Early Intervention Service Provider / Organisation\*) (“the Centre / Organisation”).

In the event that the Applicant is appointed an ECDA Fellow,

* I agree to the Applicant becoming an ECDA Fellow. I acknowledge that he / she\* is obliged to fulfil the duties and obligations as listed out in Annex A.
* I understand and agree that the Centre / Organisation\* will provide the Applicant with the support necessary for him / her\* to fulfil his / her\* obligations as an ECDA Fellow during his / her\* course of employment with the Centre / Organisation\*.

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| --- | --- | --- |
| Name / Designation | : | Click here to enter text. |
| Centre / Organisation\* Name | : | Click here to enter text. |
| Contact number | : | Click here to enter text. |
| Email | : | Click here to enter text. |
| Signature/ Date | : | Click here to enter text. |
| Centre / Organisation\* Stamp | : |  |