**Letter of Support**

**GUIDELINES FOR COMPLETION:**

* The objective of the Letter of Support is to gain support and commitment for the candidate’s participation in the National CEO Program from the senior management of the candidate’s current employment organisation. It is also to validate certain information about the candidate’s role and employer.
* The Letter of Support should be printed on your organisation’s official letterhead.
* The Chairman/CEO/MD or other governing body is required to sign the Letter of Support.
* If you are the owner of your company and are unable to provide a Letter of Support from any other governing body, you will need to authorize your own Letter of Support and provide a scanned copy of the company registration certificate.
* Please complete and sign the Letter of Support within five days of receipt of the notification email from the National CEO Program.
* Please follow the instructions in the online application form in order to upload the Letter of Support in pdf format.

**KEYS FOR VALIDATION OF CANDIDATE INFORMATION:**

* Role in Current Organisation: Please indicate the candidate’s Title and Function within the current organisation. If the candidate is an employee of the subsidiary of a larger corporation or conglomerate (parent entity), please ensure that the information pertains to the subsidiary organisation. However, if the candidate’s role is in the parent entity please provide information pertaining to that entity.
* Area of Responsibility: Please select one of the following:
* **Head of the Organisation:** Select this option if you are heading the organisation and are accountable for its overall Operations and P&L.
* **Head of a Core Business Function:** Select this option if you are heading functions such as: Sales, Operations, Business Development etc. that have revenue generating responsibility.
* **Head of a Support Function:** Select this option if you are heading functions such as: Human Resources, IT, Finance etc. that provide support services to the core business functions. These roles do not have a revenue generating responsibility.
* **Head of a Specialist Function:** Select this option if you are heading an advisory or research oriented function such as: ICV, Legal, Audit, Strategy Planning, Economic Research, Research & Development.
* **Other:** Select this option if you are not heading the organisation or any function. Please specify your area of responsibility.

**Letter of Support (template)**

Date: DD/MM/YYYY

To Whom It May Concern,

As (PLEASE ENTER YOUR POSITION) of (PLEASE ENTER ORGANISATION NAME), I am pleased to inform you that our organisation is committed to supporting the participation of (PLEASE ENTER CANDIDATE NAME) in the National CEO Program. He/ She has been employed with us for (NUMBER) years and currently serves in the role of (TITLE/ FUNCTION). He/she is a dedicated, respected and reliable member of our organisation.

Our Company Website URL is: (COMPANY WEBSITE URL)

I confirm that the below mentioned information, regarding our organisation and the candidate is valid:

* The current annual revenue of our company is:

|  |  |
| --- | --- |
| [ ]  0 - OMR 300,000  | [ ]  OMR 300,000 - OMR 3 million |
| [ ]  OMR 3 million - OMR 30 million  | [ ]  OMR 30 million - OMR 300 million  |
| [ ]  OMR 300 million - OMR 3 billion  |  |

* Candidate’s area of responsibility is:

|  |  |
| --- | --- |
| [ ]  Head of the Organisation | [ ]  Head of a Core Business Function |
| [ ]  Head of a Support Function | [ ]  Head of a Specialist Function |
| [ ]  Other *(He/ She is not leading the organisation or any function)*. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* His/ Her level in the company is:

|  |  |
| --- | --- |
| [ ]  Is Head of the Organisation | [ ]  Is one level below the Head of the Organisation |
| [ ]  Is two levels below the Head of the Organisation | [ ]  Is more than two levels below the Head of the Organisation |

* He/ She reports to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mention the role of his/ her manager)

We are excited about (CANDIDATE NAME)’s decision to participate in the National CEO Program. We acknowledge the level of commitment required to complete this program successfully and we support his/her involvement in the following:

• We fully understand the time required away from work for the length of the program from September 2017 to May 2018. This includes 6 modules for a total of 36 learning days excluding travel time (three of those modules will take place overseas). There is also a requirement for full participation in strategic project work between modules which may require further attendance in working hours.

• We support his/her personal development plan through their participation in the National CEO Program.

• We further understand that by attending the program, (CANDIDATE NAME) will gain valuable lessons in leadership and business that will provide immediate value to our organisation.

Should you have anything further, please do not hesitate to contact me on (TEL. NO. AND EMAIL).

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature

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Job Title Date