



Reference for: **Applicants Name**.....

To Begin training on a Certificate Course in Counselling Skills

(Applicant: Please pass this reference to each of your chosen referees, ask them to complete it and post it directly to us).

How long have you known the applicant and in what capacity?

What qualities has the applicant demonstrated that suggest they are ready, willing and able to pursue this training?

What limitations of the applicant do you consider we should bear in mind when considering their application?

Would you recommend this applicant for training to become a professional counsellor ?

Signature

Date.....

Name of Referee

Position/Qualifications (as applicable)

Address

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Please return to: Louise Stringer, Counselling Course Administrator, INTER – PSYCHE , Kent & Medway NHS & Social Care Partnership Trust, Trinity Resource Centre, High St, Dartford DA1 1DE.