



Reference for: BSL Foundation Course in Counselling Skills

(Applicant: Please pass this reference to your two chosen referees. Ask them to complete it and post it to us)

Applicant's Name .....

How long have you known the applicant? Do you know them as a friend or as a work colleague? If you have worked with them what was your role? Colleague or Manager?

What skills and attitudes does the applicant have to show they are ready and able to train as a counsellor?

What difficulties might this person have with training to be a counsellor?

Do you think this person is suitable to train as a professional counsellor? Please tell us why.

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.