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| **Applicant:**  **Please pass this reference to each of your chose referees, ask them to complete it and post it directly to us.** |

**Reference for:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicants Name:** | **First Name:** | Enter first name | **Surname:** | Enter surname |
| to begin training on a **Certificate in Counselling**. | | | | |

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| --- |
| How long have you know the applicant and in what capacity? |
| Please enter your response here |

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| What qualities has the applicant demonstrated that suggest they are ready, willing and able to pursue this training? |
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| What limitations of the applicant do you consider we should bear in mind when considering their application? |
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| --- |
| Would you recommend this applicant for training to become a professional counsellor? |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of referee: | | Enter referee name | | Signature: |  | | | Date: | Enter date |
| Position/Qualification (as applicable): | | |  | | | | | | |
| Address: | Enter address | | | | | Post code: | Enter post code | | |
| Telephone Number: | |  | |

Please return to: [KMPT.inter-psyche@nhs.net](mailto:KMPT.inter-psyche@nhs.net) or alternatively send to: Centre Administrator, Inter-Psyche Training Institute, Kent and Medway NHS & SCPT, Trinity Resource Centre, High Street, Dartford DA1 1DE