



Reference Request

Confidential

Dear Referee,

Applicant Name:

Address:

Date of Birth:

The person named above has applied for a place on The Counselling Centre's IACP recognised professional Diploma in Counselling. They have named you as a referee to support their application. One referee must be a counselling trainer e.g. foundation course facilitator. The other may be an employer, manager or person in equivalent role. You need to have known the person for a minimum of one year in a professional and personal capacity.

Referee Details:

Name:

Address:

Occupation

Phone Numbers:

The number of years you have known the applicant:

In what capacity have you known the applicant?

In order that we can assess the applicant's suitability we would appreciate if, in your reference, you would comment on;

- their ability to create working relationships
- the qualities the applicant has which would be relevant to working with vulnerable people
- their capacity to deal with intellectual demands of a professional course
- communication skills (including written)
- strengths and weakness
- ability to maintain confidentiality
- their level of maturity and ability to take responsibility for themselves
- any other comments which you feel are relevant to the person's application

If you have any questions or queries please feel welcome to contact The Counselling Centre on 021 4274951. When complete, please return your reference in confidence to Karen Walsh, Director of Training, 7 Father Mathew St.

Yours faithfully,

Karen Walsh

Director of Training