**Professional Reference**

***Please note: Professional references should not be provided by a spouse, partner or relative.***

In providing a professional reference for the applicant, you are asked to vouch for their character, work practices and suitability to work in the field of counselling/psychotherapy. In this regard it is expected that you have known the applicant for a minimum of two years, preferably in a professional capacity.

**Personal Details on Applicant**

|  |  |
| --- | --- |
| Applicants Name  |  |
| Business/home address  |  |
| Telephone No  |  |
| Email Address  |  |

|  |  |
| --- | --- |
| Your name as a professional referee |  |
| Business/home address  |  |
| Telephone No  |  |
| Email Address  |  |

**Please answer the following questions:**

|  |
| --- |
| 1. In what capacity do you know the applicant?
 |
|  |

|  |
| --- |
| 1. How long have you known the applicant?
 |

|  |
| --- |
| 1. What do you believe are the particular strengths/ qualities this applicant brings to the field of counselling/psychotherapy?

  |

|  |
| --- |
| 1. Do you recommend this applicant as a suitable candidate to work with clients?
 |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Referee Date

**Please forward to:**

**APCP, Association of Professional Counsellors & Psychotherapists in Ireland, Unit 4 Innovation Works,**

**National Technology Park, Limerick.**