

# Appendix 1: Character Reference Form

The purpose of this reference

This reference is for the Psychotherapists Board of Aotearoa New Zealand (the Board) to collect information from a referee on your suitability to be registered as a psychotherapist.

* we want you to give us one character reference.
* references must be no older than 3 months when received by the Board.

How to choose a referee

Your referee:

* must be a person of good character and standing in the community;
* must have known you for at least 12 months;
* cannot be an immediate relative or your employee.

Applicant details – *This section to be completed by the applicant*

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| --- | --- |
| Application reference number: | |
| Full name: | |
| Date of birth: | |
| I agree that the Board may contact the referee in respect of any aspect of this reference. | |
| Signature: | Date: |

Referee details – *This section to be completed by the referee*

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| --- |
| Full name: |
| Position: |
| Employing company/organisation: |
| Phone number: (between 9am-5pm, including area codes) |
| Phone number: (after-hours) |
| Times available after-hours: |
| Email: |
| How long have you known the applicant? |
| In what capacity do you know the applicant? E.g. employee, student, volunteer etc. |
| 1. As far as I am aware, the applicant can communicate for the purpose of practising psychotherapy.   Agree  Disagree |
| 1. As far as I am aware, the applicant does not have any mental or physical health conditions that may impact on their ability to perform the functions required of a psychotherapist.   Agree  Disagree |
| 1. As far as I am aware, the applicant has no criminal convictions.   Agree  Disagree |
| 1. I am not aware of any information/matter at all that could give rise to the belief that this applicant may cause a danger to the public when practising in any area of psychotherapy.   Agree  Disagree |
| Any additional statement (please continue on separate document if necessary) |

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| Referee declaration:  I confirm the details above.  It is my opinion that (Applicant name) is of sound character and integrity.  I agree that the Board may contact me at the phone numbers and email address on this form.  I declare that I am aged 18 or over, am not an immediate relative or employee of the applicant, and that all the information I have provided is true and correct. | |
| Signed: | Dated: |