

# Appendix 1: Professional 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 professional reference.
* references must be no older than 3 months when received by the Board.

How to choose a referee

Your professional referee must be either:

* a registered psychotherapist with a current APC; or
* a Board approved supervisor.

Your referee must have known you for at least 12 months.

If you have changed supervisors over the past 12 months, you will need to provide references from your previous supervisors.

If you are applying with an overseas qualification and do not have a professional referee who meets the above criteria, your supervisor is required to provide a CV outlining their competence in psychotherapy supervision, either by qualification, professional development, skills and/or knowledge. The Board will review the information you provide and confirm their suitability as a professional referee.

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

|  |  |
| --- | --- |
| 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: |