**Instructions**

**To the applicant:** Please forward this reference form to your referee. Please make sure to notify your referee of the course of study you are applying for.

**To the referee:** We would be most grateful if you would provide us with a reference on the applicant’s academic and general ability to undertake the proposed programme of study. Place2Be is a registered children’s charity which provides therapeutic counselling and support to children in schools. Please complete the questions on this form or attach a written statement of reference on letter headed paper. Please note that we reserve the right to share the contents of your reference with the applicant. We will contact you should this be necessary. Please make sure the applicant’s full name is clearly written below and course of study indicated.

**Submission of Reference Form:** The completed form can be submitted by either the applicant or the referee via one of the following methods:

* **Post:** Submissions by post should be placed in an envelope which is sealed, signed across the seal with the signature covered with clear tape, and posted to

**Learning & Development Team, Place2Be, 175 St John Street, Clerkenwell, London, EC1V 4LW**

* **Email:** Please attach this form to an email in Microsoft Word format and send to qualify@place2be.org.uk

**APPLICANT’S NAME:­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURSE OF STUDY: Level 3 Certificate** [ ]

 **Postgraduate Diploma** [ ]

 **Level 4 Certificate [ ]**

 **Level 5 Certificate [ ]**

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| 1. **How long have you known the applicant and in what capacity?**
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| 1. **Would you have any reservations about them working with children?**
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| 1. **What would you describe as applicant’s main areas of strengths?**
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| 1. **What would you describe as areas where they still need to improve on?**
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| 1. **Is there any additional information which you feel is relevant? Please continue on a separate sheet if necessary.**
 |

Please indicate by a tick (√) your assessment of the applicant’s level of skill for the following (if relevant):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **Very Good** | **Good** | **Fair** | **Poor** |
| Attendance and punctuality |  |  |  |  |
| Relationship with colleagues |  |  |  |  |
| Use of feedback/supervision |  |  |  |  |
| Written and verbal communication skills |  |  |  |  |
| Academic potential |  |  |  |  |
| Self-awareness (if applicable) |  |  |  |  |
| Counselling skills (if applicable) |  |  |  |  |

|  |  |
| --- | --- |
| **Referee’s name and position:****Address:****Tel/Fax:****Email:** | **Institution stamp** (if unavailable please provide a compliment slip or sample of headed paper).**Signature:****Date:** |