

The Sherwood Psychotherapy Training Institute A02ABC REFERENCE FORM

Please attach this front sheet to your **separate reference** on **headed paper**

SECTION 1 – APPLICANT DETAILS (to be completed by the Applicant)				
Section 1 is to be con	pleted by the applicant. The form should then be passed to the referee who is asked to complete Section 2,			
compile and attach their separate reference and return to the address below. All completed applications need to be accompanied by a				
letter of reference provided from an impartial source (not friends or relations)				
Applicant Name				
Applicant Address				

Applicant Name				
Applicant Address				
SECTION 2 – REFEREE DETAILS (to be completed by the Referee)				
The above named individual is applying to study at the Sherwood Institute and has named you as a referee. We would be grateful if you				
could complete Section 2 and attach an accompanying separate reference letter. Thank you for your time and co-operation. To enable				
us to assess the suitability of this applicant for the Counselling Concepts course, it would be helpful if you could provide a reference with				
brief statements covering the specific areas as listed below:				
☐ Motivation and Commitment		_ A	bility to Learn and Reflect	
☐ Personal Qualities (e.g. integrity, reliability etc.)		□ Emotional Stability		
□ Capacity to Engage with Others			any further comments you think may be useful	
Please note: (a) the reference itself should be provided on headed paper wherever possible; and (b) personal information you				
supply us below, or it	n your reference, will be used to: (i) asses	s the referer	nce supplied and the applicant's suitability to study	
on their selected programme of study; and (ii) contact you with follow-up enquiries. It will also be stored for 6 years from				
completion of training and may be subject to a data subject access request.				
To more fully understand how we collect and process your personal information, and the legal basis upon which we do so, please visit				
our full privacy notice at http://spti.net/institute/privacynotice.shtml . Alternatively, you can request a paper copy by contacting our Data				
Privacy Manager by email on Amanda.ackroyd@spti.net or writing to Amanda Ackroyd @ 2 St James Terrace, Nottingham, NG1 6FW.				
Referee Name				
ABC awards				
			Recognised Centre	
Referee Post/Occupation				
Name & Address of Organisation (if applicable)				
Work email address (if	applicable)		Telephone (Work)	
Home address (if work address not applicable)				
,				
Home Email address (if applicable)			Telephone (Home)	
, the state of the	,			
How long and in what capacity do/have you known this applicant?			Telephone (Mobile)	
The state of the s			(
Referee signature (please do not type your name)			Date	
Training Signature (piec	use do not type your name)		Date	
☐ I have attached my <u>separate letter of reference</u> to this front sheet				

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