

# THE SHERWOOD PSYCHOTHERAPY TRAINING INSTITUTE

## REFERENCE FORM

**NAME OF APPLICANT:**

**ADDRESS OF APPLICANT:**

The above named person has applied to *The Sherwood Psychotherapy Training Institute* for admission to the following course (please tick appropriate course):

- Foundation Access course**
- BSc (Hons) in Counselling & Psychotherapy (BACP accredited)**
- MSc in Integrative Psychotherapy & Counselling**
- MSc in Gestalt Psychotherapy & Counselling**
- MSc in Person-Centred Psychotherapy & Counselling**
- Diploma in Clinical Supervision**
- MSc in Clinical Supervision**

We would appreciate a confidential statement from you evaluating the applicant's capacity to meet the intellectual and emotional demands of their chosen training. Please include how long and in what capacity you have known the applicant. Any additional comments will be welcome.

Name of Referee:

Occupation:

Address:

Signature:

Date:

Please return the completed form to:  
The Sherwood Institute, Thiskney House, 2 St James Terrace, Nottingham, NG1 6FW, UK  
Telephone: +44 (0) 115 844 7904 Fax: +44 (0) 115 924 2738  
Email: [enquiries@spti.net](mailto:enquiries@spti.net) [www.spti.net](http://www.spti.net)