



The Sherwood Psychotherapy Training Institute  
**A02 REFERENCE FORM**

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

**SECTION 1 – APPLICANT DETAILS** (to be completed by the **Applicant**)

**Section 1** is to be completed 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.

**Applicant Name**

**Applicant Address**

**Proposed programme of study**

**Academic Year**

**Stage/Year of Proposed Entry**

(Please tick  as appropriate)

ABC Awards: Counselling Concepts		Foundation Access Course	
BSc (Hons) Counselling & Psychotherapy		Foundation Year 1	
MSc Integrative Psychotherapy		Diploma in Clinical Supervision Year 1	
MSc Person-Centred Psychotherapy		MSc Preparatory Stage/BSc Year 1	
Diploma in Clinical Supervision		MSc PG Certificate Stage/BSc Year 2	
MSc in Clinical Supervision		MSc PG Diploma Stage	

**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 of this form and return it **together** with your **separate signed reference** to the address below as soon as possible. Please outline your views in regard to the applicant's ability to carry out and complete their studies at their selected level with reference to relevant work experience/ability to work within a group/communication skills/etc. Please note; **the reference itself should be provided on headed paper wherever possible**. Thank you for your time and co-operation in completing this reference.

Referee Name

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)

How long and in what capacity do/have you known this applicant?

Telephone (Mobile)

Referee signature

Date

I have attached my **separate** letter of reference to this front sheet (please tick)

**DATA PROTECTION;** References will normally only be accessed by a limited number of staff within the Institute. However, under the Data Protection Act, the applicant may request access to information that has been written about them.

Admissions, The Sherwood Psychotherapy Training Institute, Thiskney House, 2 St James Terrace, Nottingham, NG1 6FW, UK.

**Telephone:** +44 (0) 115 844 7904

**Fax:** +44 (0) 115 924 2738

**Email:** [admissions@spti.net](mailto:admissions@spti.net)