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| **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** | |
| **Foundation Access Course** | **2023-24** |

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| **SECTION 2 – REFEREE DETAILS** (to be completed by the **Referee**) | | |
| The above named individual is applying to study at the Sherwood Psychotherapy Training Institute and has named you as an impartial referee. We would be grateful if you could complete Section 2 of this form and return it **together** with your **separate signed letter of reference** to the address below as soon as possible. We would like to encourage you to discuss in your letter of reference, the following aspects of the applicant: | | |
| Their ability for self-reflection and self-development | Any previous academic experience | |
| Any relevant counselling related work and / or voluntary experience | Any previous experience of counselling training and / or use of listening skills | |
| Please note: (a) the reference itself should be provided on headed paper wherever possible; and (b) **personal information you supply us below, or in your reference, will be used to: (i) assess the reference 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 [www.spti.net/privacynotice](http://www.spti.net/privacynotice). Alternatively, you can request a paper copy by contacting our Data Privacy Manager by email on Will.Graham@spti.net or writing to Will Graham, 2 Castle Quay, Castle Boulevard, Nottingham, NG7 1FW.  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  🞏 I have attached my **separate** letter of reference to this front sheet *(please tick)* | | Date |