



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 of Entry

Stage/Year of Proposed Entry

(Please tick as appropriate)

BSc (Hons) Counselling & Psychotherapy

MSc Integrative Psychotherapy

SPTI Diploma in Clinical Supervision

MSc Person-Centred and Experiential Psychotherapy

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 have you known this applicant?

Telephone (Mobile)

In what capacity do you know this applicant?

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

Referee signature

Date

Please sign this document. Typed names are not accepted.

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