



The Sherwood Psychotherapy Training Institute
A02FAC 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

Foundation Access Course

2020-21

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 <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.

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*)