LIFE-FORCE SCHOOL OF COUNSELLING LTD

**Training Reference**

**Private & Confidential**

**All sections of this Training Reference need to be completed. If however a section is not applicable please write N/A.**

The student should fill in the basic information required on the form as far as possible, and then forward it to their referee for completion.

**Name of Student**

**Name & Level of Course Applied For**

**Section 1: Training Reference Request**

The above named student has submitted an application to train as a counsellor at Life-Force School and wishes to be considered for the level of our course programme as detailed above. We would be most grateful if you could therefore provide the following reference for this applicant. Further information about our counselling training programme can be found on our website: [www.lifeforce-counsellingschool.co.uk](http://www.lifeforce-counsellingschool.co.uk) Please be aware that this completed form will be part of the Student’s personnel folder and that they are entitled to a copy upon request.

**Section 2: Organisational Details of Applicant’s Previous Training**

**Name of Training Organisation**

**Address**

**Contact Phone No(s)**

**Name of Referee**

**Job Title of Referee**

**Email Address of Referee**

**Section 3: Details of Applicant’s Previous Counselling Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Course****Level** | **Start &****End Dates** | **No. of Contact****Training Hours** | **Pass/Fail** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If the student failed to complete a level of your training programme, please provide details as to why, in your opinion, this may have been the case.

**Section 4: General Abilities**

Please rate the student’s strengths and weaknesses for the following attributes by giving a score on a scale of 1-5. **(1=Poor, 2=Average, 3=Good, 4=Very Good, 5=Excellent)**:

|  |  |
| --- | --- |
| **General Abilities** | **Score** |
| 1. Sufficient competence in IT skills e.g. emails, website research, typing and presentation of coursework.
 |
| 1. Intellectually able to meet academic requirements.
 |
| 1. Development of counselling skills through the use of positive and negative feedback.
 |
| 1. Participation and emotional engagement in the group process.
 |
| 1. Development of self-awareness and recognition of the need for professional therapy and support.
 |
| 1. Awareness of own prejudices and ability to work with cultural differences and issues of diversity.
 |
| 1. Ability to form a working alliance with peers and/or clients.
 |
| 1. Clear communication, self-management and professional practice skills.
 |

**Section 5: General Concerns &/or Recommendations**

Please describe any areas of concern &/or recommendations that you may have regarding this student’s suitability for the applied level of training. Please take into account both personal and professional aspects.

**Section 6: Overall Recommendation**

Do you deem this student as suitable for the applied level of training? **YES / NO** (Please circle)

If NO, please feel free to add any relevant comments below.

**Section 7: Confirmatory Signature**

I confirm, in signing below, that the information provided is both true and accurate.

**Signature of Referee**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Print Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Organisations Official Stamp**

Thank you for taking the time to complete this reference, please either return this form to the applicant or to:

**Katrina Fassnidge, 91 Weggs Farm Road, Duston, Northampton. 01604 947710**

16th August 2019

**Email: info@lifeforce-counsellingschool.co.uk**